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16 September 2022

Lincolnshire Health and Wellbeing Board

A meeting of the **Lincolnshire Health and Wellbeing Board** will be held on **Tuesday, 27 September 2022 at 2.00 pm in Committee Room One, County Offices, Newland, Lincoln Lincs LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

MEMBERS OF THE BOARD (Voting):

Lincolnshire County Council: Councillors: Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners) (Chairman), Mrs W Bowkett (Executive Councillor Adult Care and Public Health), Mrs P A Bradwell OBE (Executive Councillor Children's Services, Community Safety and Procurement), W H Gray, R J Kendrick, C E H Marfleet and Mrs S Rawlins , 1 vacancy

Lincolnshire County Council Officers: Heather Sandy (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health)

District Council: Councillor Richard Wright

Lincolnshire Integrated Care Board: Sir Andrew Cash and John Turner (Vice-Chairman)

Healthwatch Lincolnshire: Dean Odell

Police and Crime Commissioner: Philip Clark

Lincolnshire Partnership Foundation NHS Trust: Kevin Lockyer and Sarah Connery

United Lincolnshire Hospitals NHS Trust: Elaine Baylis and Andrew Morgan

Lincolnshire Community Health Services NHS Trust: Elaine Baylis and Maz Fosh

Primary Care Network Alliance: Dr Sunil Hindocha

ASSOCIATE MEMBERS (Non-Voting):
Julia Debenham, Lincolnshire Police
Professor Neal Juster, Higher Education Sector
Oliver Newbould, NHS E/I
Emma Tatlow, Voluntary and Community Sector
Pat Doody, Greater Lincolnshire Local Enterprise Partnership

LINCOLNSHIRE HEALTH AND WELLBEING BOARD AGENDA
TUESDAY, 27 SEPTEMBER 2022

Democratic Services Officer Contact Details

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

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https://www.lincolnshire.gov.uk/council-business/search-committee-records

LINCOLNSHIRE HEALTH AND WELLBEING BOARD
14 JUNE 2022

PRESENT:

Lincolnshire County Council: Councillors Mrs W Bowkett (Executive Councillor Adult Care and Public Health), W H Gray, C E H Marfleet and Mrs S Rawlins and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement, Registration and Coroners).

Lincolnshire County Council Officers: Heather Sandy (Executive Director of Children's Services), Glen Garrod (Executive Director of Adult Care and Community Wellbeing) and Professor Derek Ward (Director of Public Health).

District Council: Councillor Richard Wright.

NHS Lincolnshire Clinical Commissioning Group: John Turner.

Healthwatch Lincolnshire: Pauline Mountain.

Lincolnshire Partnership Foundation NHS Trust: Kevin Lockyer.

United Lincolnshire Hospitals NHS Trust: Elaine Baylis and Andrew Morgan.

Lincolnshire Community Health Services NHS Trust: Elaine Baylis and Maz Fosh.

Associate Members (non-voting): Emma Tatlow (Voluntary and Community Sector).

Officers In Attendance: : Alison Christie (Programme Manager, Strategy and Development), Katrina Cope (Senior Democratic Services Officer) (Democratic Services), Gareth Everton (Head of Integration and Transformation), Andy Fox (Public Health Consultant) and Lorna Leach (Director of Transformation – Active Leisure).

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2022/23.

COUNCILLOR MRS S WOOLLEY IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That John Turner (Chief Executive of NHS Lincolnshire Clinical Commissioning Group) be elected Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2022/23.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs P A Bradwell OBE, (Executive Councillor Children's Services, Community Safety and Procurement), Dr Gerry McSorley (Chair - NHS Lincolnshire CCG), Dr Sunil Hindocha (Chair – Primary Care Network Alliance), Sarah Connery (Chief Executive – Lincolnshire Partnership Foundation NHS Trust), Sarah Fletcher (Healthwatch Lincolnshire) and Julia Debenham (Lincolnshire Police).

It was reported that Pauline Mountain (Healthwatch Lincolnshire) had replaced Sarah Fletcher (Healthwatch Lincolnshire) on the Board for this meeting only.

The Board was also advised that Philip Clark (Deputy Police and Crime Commissioner) was to be the representative for the office of the Police and Crime Commissioner and Julia Debenham was the now the representative for Lincolnshire Police.

4 DECLARATIONS OF MEMBERS' INTEREST

There were no declarations of members' interest made at this point in the meeting.

5 MINUTES OF THE LINCOLNSHIRE HEALTH AND WELLBEING BOARD MEETING HELD ON 29 MARCH 2022

RESOLVED

That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 March 2022 be agreed and signed by the Chairman as a correct record.

6 ACTION UPDATES

RESOLVED

That the Action Updates presented be noted.

7 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that an inaugural meeting of Integrated Care Partnership (ICP) Chairs had taken took place during the last week and that it was evident from the meeting that no two systems in the country were the same. It was also felt that the approach adopted

previously by Lincolnshire to link in with the Health and Wellbeing Board was still one that was being discussed.

The Board was also advised of a meeting early in the day for ICP Chairs and Chairs elect, at which Claire Fuller a GP from West Sussex had reported back on the position regarding GPs and primary care.

The Chairman invited comments relating to the Joint Health and Wellbeing Strategy Assurance Update – May 2022 detailed in Appendix A of the Chairman's Announcement on pages 19 to 46 of the report. No comments were received.

RESOLVED

That the Chairman's announcements presented be noted.

8 DECISION ITEM

8a Proposed changes to the Health and Wellbeing Board Terms of Reference

Consideration was given to a report from Alison Christie, Programme Manager, Public Health, which advised the Board of its duty to review its governance arrangements on an annual basis; and to agree to amend the Terms of Reference previously agreed at the 9 March 2021 meeting, to remove reference to the functions of the Integrated Care Partnership (ICP) from the Terms of Reference, following Royal Assent of the Health and Care Act 2022, which required the County Council and the newly formed Integrated Care Board to jointly establish an ICP as a statutory joint committee of the two bodies. It was noted that the Health and Wellbeing Board (HWB) was a Committee of the County Council, and as such had a different legal status to the ICP, and the ICP had been given statutory responsibility to produce an Integrated Care Strategy for the area and was unable to pass that responsibility on to another body, therefore the HWB could not fulfil the role of an ICP.

A copy of the amended Terms of Reference and Procedural Rules along with Board Members Roles and Responsibilities were detailed in Appendix A to the report for consideration.

It was also highlighted that to ensure a focus on reducing equalities for the population across Lincolnshire, it was proposed to offer an opportunity of membership for the HWB to a representative from Higher Education and the Greater Lincolnshire Local Enterprise Partnership to become Associate Members of the Board.

Reference was also made to the workshop held on 26 April 2022 regarding the development of Lincolnshire's ICP, at which details of the practicalities around the running of the ICP were proposed and these were detailed on page 39 of the report.

In conclusion, the Board were asked to endorse the governance documents and recommend the proposed changes to full Council on 16 September 2022, to enable the relevant changes to be made to the Council's Constitution.

RESOLVED

1. That the changes to the Terms of Reference, Procedural Rules and Board Member's Roles and Responsibilities as detailed in Appendix A to the report be endorsed.

2. That the changes be recommended to full Councill on 16 September 2022, to enable the relevant changes to be made to the Council's Constitution.

3. That the update on the development of Lincolnshire's Integrated Care Partnership be noted.

4. That the recommendation to extend Associate Membership to a representative from Higher Education and the Greater Lincolnshire Enterprise Partnership be endorsed.

8b Better Care Fund Final Report 2021/22

The Board considered a report from Gareth Everton, Head of Integration and Transformation, which asked for approval of the 2021/22 end of year Better Care Fund (BCF) Final Report.

The Board was advised that the end of year return had been submitted by the deadline of 17 May 2022, a PDF copy of the document was attached at Appendix A to the report. It was agreed that a full copy of the Excel spreadsheet of the return would be circulated to members of the Board after the meeting.

It was noted that for the last four years the national BCF planning, and assurance framework had been 'rolled on' with the planning framework and reporting requirements being confirmed within year, and that for the period 2022/23 there was no indication that this would change. The Board was advised that it had been suggested that 2022/23 could be seen as a further roll on year, with only minor changes to the framework, with a longer term BCF planning framework to follow in 2023/24.

It was reported that discussions were ongoing with the Government regarding the future of the BCF and its association with the recently published White Paper.

The Board noted that Disabled Facility Grants (DFG) formed part of the BCF allocation and that on 10 May 2022 confirmation had been received that the DFG for 2022/23 would remain the same as the previous year, just below £7m for Lincolnshire and that funding would continue to rise over the next three years. Confirmation details of this were shown in Appendix B to the report in a letter from the Department for Levelling Up, Housing and Communities.

The Chairman extended thanks to Councillor Bowkett and the Health and Housing Care Delivery Group for all their work with the DFG.

RESOLVED

That the 2021/22 end of year Better Care Fund return be approved.

9 DISCUSSION ITEMS

9a Integrated Care System Update

The Board considered a report from John Turner, Chief Executive NHS Lincolnshire Clinical Commissioning Group (CCG), which provided an update on the development of the Integrated Care System.

Reference was made to the Health and Care Act 2022 and the requirement for ICS's to have two statutory functions, which were to have an Integrated Care Board (ICB) to improve population health and care as well as the functions currently being performed by the CCG being conferred onto ICB's; and to have an Integrated Care Partnership (ICP), a joint Committee of organisations and representatives to improve the care, health and wellbeing of the population. Reference was also made to the ICB Constitution; ICB recruitment, details of which were shown on pages 84 to 86 of the report.

The Board was advised that the ICP was a statutory function required to be in place in each ICS; and that a key early focus of the ICP would be the development of a five year Integrated Care Strategy, which needed to be completed by December 2022. It was highlighted that the formal process for establishing the ICP would commence on 1 July 2022 when ICSs became statutory. The Board noted that progress was already underway with the development of the Terms of Reference and membership of the ICP; and plans were being made to refresh the Health and Wellbeing Strategy (HWBS) in 2022 to inform the ICB Strategic Plan for 2023.

During consideration of this item, the Board raised some of the following comments:

- The need to make sure that members of the public were aware of the changes from 1 July 2022, and that these were communicated in a positive manner; and to make sure that all the media for the ICS was joined up to ensure the correct picture was portrayed;
- To ensure that meetings of the ICP, ICB were held in public. Confirmation was given that meetings would be held in public;
- The need for the ICS to improve health and care for the population of Lincolnshire; reduce wating lists and times; improve patient flow and improve connectivity; and
- The need for all organisations to work together in Lincolnshire, to avoid duplication to get the best outcomes for the population of Lincolnshire.

RESOLVED

That the current position in relation to the ICS legislation be noted.

9b Let's Move Lincolnshire - Physical Activity Strategy

Consideration was given to a report and presentation from Emma Tatlow, Chief Executive, Active Lincolnshire which provided the Board with an update on the refreshed physical activity strategy for Lincolnshire.

The presentation made reference to:

- The Let's Move Lincolnshire Strategy timeline and delivery model national alignment with local need across six strands;
- Ensuring there was connection with health and wellbeing;
- Activity levels across Lincolnshire;
- The Let's Move Lincolnshire focus;
- Tackling Inequalities to ensure access to activities and opportunities were available to all in Lincolnshire;
- Workforce development 2022/27;
- To have connected systems to provide intensive support for specific pathways;
- Narrative building by growing the Lincolnshire evidence base to inform decisions making,
- Connect partners and create consistent messages; and
- Active Lincolnshire's current work in Health.

In conclusion, it was highlighted that there was a significant opportunity to scale up the work across system partners to influence and better embed options to be active across the system to have a real long term sustainable impact in Lincolnshire.

During discussion, the Board made some of the following comments:

- Communication with the Education System. The Board noted that one of the key themes was around children and young people and making sure that every child and young person experienced the enjoyment and benefit of being active could bring to them. It was noted that the focus would be on educational settings, parents/carers and digital, as key influences and enablers. It was noted that some work would be done with the Council to help educate children and young people to get involved in activity. It was noted further that there was a need for the provision of safe spaces in communities for this to happen;
- The challenge of getting the population encouraged and mobilised in activities, 'Health by Stealth'. Some examples given were being able to meet new friends and explore the Wolds; where safe to do so cycling to school and encouraging influencing partners to build physical activity back into a person life;
- Access to facilities especially in the more rural communities. It was suggested that sessions targeted a range of individuals with similar issues/concerns/goals to help with the continuity of an activity and the motivation of individuals attending;

- The need for a platform to promote community settings, so that all parties involved where able view to see what was available in the local community;
- Support was extended for the presentation and to the good work being done already and the potential for further integrated offers i.e., active hospitals and GP practices; and
- The need to ensure that all communities get involved.

The Chairman on behalf of the Board extended thanks for the presentation.

RESOLVED

That the direction of the Let's Move Lincolnshire – Physical Activity Strategy refresh and specifically the health and wellbeing outcome be received.

9c Childhood Obesity

The Board considered a report from Andy Fox, Consultant Public Health, which provided an overview of the 2020/21 National Child Measurement Programme (NCMP) data and Lincolnshire's plans for addressing the issues.

In guiding the Board through the report reference was made to the national picture which had seen a sharp increase in the prevalence of childhood obesity, particularly amongst the most deprived areas and the potential impact for Lincolnshire, with Lincolnshire historically having slightly higher levels of childhood obesity than the national average. Table 1 on page 110 provided percentage point increases in obesity and severe obesity, England 2020/21; and Table 2, on page 110 provided the Board with information relating to the difference in percentages of obesity and severe obesity between the most and least deprived areas. It was highlighted that severe obesity in deprived areas had not been expected to have been nearly six times higher in the most deprived areas than in the least deprived areas and that this represented a significant, and worsening, inequality in health.

To help address the situation in Lincolnshire, the Board was advised that the County Council's Public Health Division was developing a new Child & Family Weight Management Service (CFWM), which would be delivered via the Integrated Lifestyle Service, and that funding had been ringfenced, and agreed to enable this to be piloted for a two year period. It was reported that the service was to commence in the summer of 2022. The pilot would supplement the support provided by schools, and via the 0-19 Children's Health Service, and provide a referral route for children identified as being overweight.

Attached at Appendix A to the report was a copy of the 2019/2020 NCMP Lincolnshire data summary; and Appendix B provided a copy of the draft service specification for the Lincolnshire Child and Family Weight Management Service for the Board to consider.

The Board was also advised that the CFWM provider, One You Lincolnshire, were working closely with the Council's NCMP team to ensure a seamless referral into the service. It was noted that the CFWM service would work with a range of referral partners, including

schools, GPs, and paediatric services, which would help support the development of a 'whole system' approach to childhood obesity in the county.

It was highlighted in addition to delivering the CFWM, the Council provided several other services, which included Family Hubs and Children's Centres who could play an important role in addressing childhood obesity through family based support. The Board was also advised that over the next three years the Council would be expanding the county's Holidays Activities and Food programme for school children up to year 11 who were in receipt of free-school meals.

During consideration of this Item, the Board raised some of the following comments:

(Note: Glen Garrod left the meeting at 3.53pm).

- Support was extended for the service, and for the need to be able to motivate children and young people to bring about change in their life at an early stage;
- The rise in the cost of living and the pressures that was putting on families in the more deprived areas, who were relying more and more on food banks. There was recognition that it was going to be a challenge going forward, but the system approach would make a difference;

(Note: Councillor C E H Marfleet left the meeting at 3.55pm).

- Inequalities across the county. The Board noted that resources would be targeted in areas that were most in need; and that models would be built to work in communities. It was highlighted that there would be differences and that district councils would be involved in the process; and
- It was also highlighted that wrap around services needed to be in place to ensure continuity of provision.

(Note: Heather Sandy left the meeting at 3.56pm).

RESOLVED

That the Childhood Obesity report presented be noted.

10 INFORMATION ITEMS

10a An Action Log of Previous Decisions

RESOLVED

That the Action Log of Previous Decisions as presented be noted.

10b Lincolnshire Health and Wellbeing Board Forward Plan

RESOLVED

That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.

The meeting closed at 3.57 pm.

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Meeting Date	Minute No	Agenda Item & Action Required	Update and Action Taken
14 .06.22	**8b**	**Better Care Fund Final Report 2021/22** That a excel copy of the Spreadsheet would be circulated to members after the meeting	A copy of the excel spreadsheet was sent out to all members of the HWB on 20 June 2022.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD – 27 SEPTEMBER 2022
CHAIRMAN'S ANNOUNCEMENTS

Health and Wellbeing Boards – Draft Guidance for Engagement

In July 2022 the Department of Health and Social Care (DHSC) issued a number of guidance documents relating to the Health and Care Act 2022 and the introduction of Integrated Care Systems. One specific document, Health and Wellbeing Boards – draft guidance for engagement, is of particular relevance to the HWB. It aims to clarify the role of HWBs post 1 July 2022, and the respective roles and duties of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs) and how they work in partnership with HWBs. As the document is draft guidance, DHSC asked for responses to a series of engagement questions to help shape the guidance and provide practical examples of the roles and ways of working of HWBs. The deadline for response was 16 September 2022.

A copy of Lincolnshire HWB's response is attached as Appendix A.

Lincolnshire Joint Strategic Needs Assessment – update

Last year the Board agreed proposals to review Lincolnshire's Joint Strategic Needs Assessment (JSNA) and move to a life course approach. The review, facilitated by Public Health, formally began in October 2021. Significant progress is being made and the new JSNA is on course to be published following the HWB meeting in March 2023.

The overarching narratives are being drafted by Public Health, covering; the population of Lincolnshire; local challenges; communities of interest; and the three life course sections; Start Well, Live Well and Age Well. The 36 qualitative factsheets (previously called topics) are being developed by topic leads, with input from relevant stakeholders, and will be arranged under the relevant life course section. This phase of development is on plan and will be completed in October 2022 to enable the new JSNA IT platform to be built.

The Public Health Intelligence Team have appointed a suitable provider to develop the IT platform and automate quantitative information. This will help ensure the contents are current and that the JSNA is more interactive for the user.

A Communication Plan is being developed to help inform stakeholders about the JSNA prior to, during and after the launch. This will encourage awareness, utilisation and engagement with the tool, to help inform local decision making and commissioning.

Care Quality Commission Integrated Care System Brief Report – prepared by Healthwatch Lincolnshire

In July 2022, as part of the Care Quality Commission's (CQC) work to develop a new regulatory assessment for Integrated Care Systems (ICS) in England, Healthwatch Lincolnshire published a brief report containing details of the findings from engagement with the public, and with the health and care leaders of Lincolnshire. The report can be found at Care Quality Commission Integrated Care System Brief Report | Healthwatch Lincolnshire

Appendix A

HEALTH AND WELLBEING BOARDS: DRAFT GUIDANCE FOR ENGAGEMENT (Published 29 July 2022)

LINCONLSHIRE HEALTH AND WELLBEING BOARD'S RESPONSE TO QUESTIONS POSED IN THE DRAFT GUIDANCE

Question	Response
(1) What examples can you provide of how HWBs are reacting to the introduction of ICBs or ICPs brought about by the Health and Care Act 2022?	Lincolnshire is one of a handful of coterminous systems. So, whilst this provides us with an opportunity to build on our good relationships to drive integration and deliver lasting improvements, it also comes with the challenge of defining the difference between the ICP and HWB - it is not as clear cut compared to larger systems. In April 2022, the HWB and ICS held a Planning and Development Workshop. The purpose of the session was to: • Develop a shared understanding of the roles and responsibilities of the HWB and ICP in achieving our strategy and ambition for Lincolnshire • Gain consensus about how we need to work together, and the arrangements we need to put in place to develop effective, seamless relationship between the HWB and ICP • Ensure these roles and responsibilities and ways of working align to the shared ambition and the key values of 'Better Lives Lincolnshire' The overwhelming view of partners across the ICS is to keep processes and governance simple and where possible align strategies and reduce duplication to enable the system to focus on delivering outcomes - s*ee response to question 3 for more details.*
(2) Are there any issues you are encountering with the introduction of ICBs and ICPs that are affecting HWBs?	Better Lives Lincolnshire (the name for Lincolnshire's ICS) believes Lincolnshire's ICP can best function and deliver improved outcomes for the people of Lincolnshire by building on and strengthening the strong working relationships developed by the HWB and by avoiding unnecessary duplication. We are therefore looking at ways of aligning the HWB and ICP, as far as possible, so that it makes sense and works for Lincolnshire – *see response to question 3 for more details.*
(3) Are there new ways of working emerging that you would be happy to share as best practice?	As a coterminous system i.e. the same geography with one HWB and one ICS, our ambition locally is to avoid duplication where possible by: • Aligning the meeting times, location and frequency of the ICP with the HWB • Mirroring the membership of the ICP with the HWB and reviewing annually to ensure as much alignment as possible • The County Council nominated an Executive Councillor as the LA representative on the ICP. The Executive Councillor is also the Chair of the Lincolnshire Health and Wellbeing Board • Aligning strategies and plans where we have the opportunity to do so
(4) How are HWBs working to join up to ensure that they are part of discussions around implementation of the proposal in the integration white paper?	This is not an issue in Lincolnshire being coterminous the HWB has the same geography as the Lincolnshire ICS.

(5) We acknowledge the great work the LGA do in supporting HWBs and the resources they provide. In the final guidance we would like to provide examples in the form of diagrams and so on outlining the different structures and scenarios HWBs operate within and would welcome examples or case studies.	Lincolnshire would be happy to contribute but are not in a position to share diagrams and detail yet.
(6) Does this guidance provide the information you need? Are there any gaps?	Lincolnshire HWB would like to see coterminous areas given the freedom to combine structures and strategies to avoid unnecessary duplication.

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LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Derek Ward, Director of Public Health

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**27 September 2022**
Subject:	**Lincolnshire Pharmaceutical Needs Assessment 2022**

Summary:
Completion of a Pharmaceutical Needs Assessment (PNA) is a statutory duty for Health and Wellbeing Boards (HWB) to undertake at least every 3 years. Data contained within the assessment will be used to plan pharmaceutical services in the county to best meet local health needs.

The consultation has now concluded, and the final Lincolnshire PNA 2022 has been updated and approved by the Steering Group on 16 August 2022. The PNA now needs to be approved by the HWB and published prior to 1 October 2022.

Actions Required:
The Lincolnshire Health and Wellbeing Board is asked to approve the final Lincolnshire Pharmaceutical Needs Assessment 2022 and associated documents for publication by 1 October 2022.

1. Background

The PNA describes the present and future needs for pharmaceutical services. It is used to identify any gaps in current services or improvements that could be made in future pharmaceutical service provision. To prepare the report, data is gathered from pharmacy contractors, dispensing GP practices, pharmacy users and other residents, and from a range of sources (commissioners, planners and others). The PNA also includes a range of maps that are produced from data collected as part of the PNA process.

As reported to the Board in June 2021, the PNA Steering Group has been delegated responsibility for developing the document on behalf of the HWB. The PNA Steering Group held its third meeting on 5 July 2022. At this meeting, the consultation results and comments were presented and considered by the Steering Group, and agreed what changes were required for the final PNA.

The Lincolnshire PNA 2022, Lincolnshire PNA 2022 Appendices, and the Lincolnshire PNA 2022 Statutory Consultation Report, are presented as Appendices A, B and C respectively; and were approved by the Steering Group on 16 August 2022 and are being presented to the HWB for approval. Pending approval, it will be made available for publication by 1 October 2022.

2. Statutory Consultation

As required by the Pharmaceutical Regulations 2013, HWB held a 63-day consultation on the draft PNA from 19 April 2022 to 20 June 2022.

The draft PNA, questionnaire and relevant documentation were hosted on the Lincolnshire County Council (LCC) 'Let's Talk Lincolnshire' website and invitations to review the assessment and comment were sent to a wide range of stakeholders, including all community pharmacies in Lincolnshire. Members of the public had expressed an interest in the PNA and were invited to participate in the consultation, as were a range of public engagement groups in Lincolnshire as identified by HWB, Health Scrutiny Committee for Lincolnshire, Lincolnshire County Council Community Engagement Team, Healthwatch Lincolnshire and the PNA Steering Group. Responses to the consultation were possible via an online survey, paper or email.

A total of 63 responses were reviewed at the Steering Group meeting held on 5 July 2022 and some changes made to the draft PNA 2022, as a result. The Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation Report can be found in Appendix C.

3. Conclusion

Following the consultation, the conclusion remains the same and can be found in section 7 of the final Lincolnshire PNA 2022. The HWB has a statutory responsibility to approve the PNA ready for published by 1 October 2022

4. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JLHWS).

The final draft PNA refers to the JSNA as a valuable source of information and the evidence from the JSNA was used to inform the analysis used in the PNA 2022. The PNA complements the JSNA, and forms part of the evidence base on the present and future needs for pharmaceutical services in Lincolnshire. The final draft PNA refers the reader to the JHWS and the JSNA for the most up to date information.

5. Consultation

Regulation 8 of The Health and Social Care Act 2012 requires the Health and Wellbeing Board to consult a specified range of organisations on a draft of the pharmaceutical needs assessment at least once during the process of drafting the document.

The Lincolnshire Draft PNA was consulted through the LCC Online platform, "Let's Talk Lincolnshire", between Tuesday 19 April 2022 and Monday 20 June 2022. To allow for bank holidays and weekends, Lincolnshire's consultation lasted for 63 days. Provision was put in place for people to request papers copies of the draft PNA, accompanying documents and questionnaire should they prefer this method.

Provision was also put in place for Healthwatch Lincolnshire to provide support to those that may need it, to read the draft PNA and to complete the questionnaire.

During the consultation period a workshop was set up on 23 May 2022 with members of the Health Scrutiny Committee to review the draft PNA. Formal feedback was received and considered when editing the final PNA document.

The results of the consultation were considered by the Steering Group during the meeting on 5 July 2022, and the final PNA produced and approved subsequently.

The PNA Steering Group have worked closely with LCC's Corporate Engagement Team and the PNA Guidance has been followed to ensure due process has been observed, and every opportunity was available for people to feed into the draft PNA.

The PNA Steering Group and LCC's Corporate Engagement Team have completed an Equality Impact Analysis (EIA) of the PNA, for those with protected characteristics, as part of the pre-engagement work for the draft PNA. The EIA was updated to reflect any feedback received during the consultation period.

6. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Pharmaceutical Needs Assessment 2022
Appendix B	Lincolnshire Pharmaceutical Needs Assessment 2022 Appendices
Appendix C	Lincolnshire Final Pharmaceutical Needs Assessment 2022 Statutory Consultation Report

7. Background Papers

Document	**Where can it be accessed**
The National Health Service (Charges, Primary Medical Services and Pharmaceutical and Local Pharmaceutical Services) (Coronavirus) (Further Amendments) Regulations 2021	https://www.legislation.gov.uk/uksi/2021/1346/introduction/made

This report was written by Shabana Edinboro, Senior Public Health Officer, who can be contacted on shabana.edinboro@lincolnshire.gov.uk

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Pharmaceutical Needs Assessment 2022

Lincolnshire Health and Wellbeing Board

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2. Terms of reference and composition of the Steering Group
3. Questionnaire templates (community pharmacy, GP, public engagement); summary of data collated from pharmacy and GP questionnaires; summary of Locally Commissioned Services available in Lincolnshire pharmacies.

List of Abbreviations

AUR: Appliance Use Review
B&B: Bed and Breakfast
BBC: British Broadcasting Corporation
C-19/COVID–19: Coronavirus Disease 2019
CBR: Crude Birth Rate
COPD: Chronic Obstructive Pulmonary Disease
CPCF: Community Pharmacy Contractual Framework
CPCS: Community Pharmacy Consultation Service
DAC: Dispensing Appliance Contractor
DALY: Disability-Adjusted Life Year
DHSC: Department of Health and Social Care
DMS: Discharge Medicine Service
DRUM: Dispensing Review Use of Medicines
DSP: Distance Selling Pharmacy
DSQS: Dispensary Services Quality Scheme
EHC: Emergency Hormonal Contraception
GBD: Global Burden of Disease
GP: General Practitioner
HD: High Dependency
HIV: Human Immunodeficiency Virus
HMP: Her Majesty's Prison
HWB: Health and Wellbeing Board
ICB: Integrated Care Board
ICP: Integrated Care Partnership
ICS: Integrated Care System
IMD: Index of Multiple Depravation
IRC: Immigration Removal Centre
JCVI: Joint Committee on Vaccination and Immunisation
JHWS: Joint Health and Wellbeing Strategy

JSNA: Joint Strategic Needs Assessment
LCC: Lincolnshire County Council
LCHS: Lincolnshire Community Health Services
LCS: Locally Commissioned Service
LHCC: Lincolnshire Health and Care Collaborative
LiSH: Lincolnshire Sexual Health
LMC: Local Medical Committee
LPC: Local Pharmaceutical Committee
LPS: Local Pharmaceutical Service
LSOA: Lower Layer Super Output Area
MDS: Monitored Dosage System
n: total number of individuals in the sample
NHS: National Health Service
NHSE: NHS England
NHSE&I: NHS England and Improvement
NICE: National Institute for Health and Clinical Excellence
NIHR: National Institute for Health Research
NiNo: National Insurance Number
NMS: New Medicine Service
NOMIS: National Online Manpower Information System
NUMSAS: NHS Urgent Medicine Supply Advanced Service
NSP: Needle and Syringe Programme
ONS: Office for National Statistics
PANSI: Projecting Adult Needs and Service Information
PBSAP: Pharmacy Based Supervised Administration Programme
PCN: Primary Care Network
PCT: Primary Care Trust
PGD: Patient Group Direction
PhAS: Pharmacy Access Scheme
PHE: Public Health England
PNA: Pharmaceutical Needs Assessment
POPPI: Projecting Older People Population Information System
PQS: Pharmacy Quality Scheme
PSNC: Pharmaceutical Services Negotiating Committee
QOF: Quality and Outcomes Framework
SAC: Stoma Appliance Customisation
SALT: Short And Long Term
SCS: Smoking Cessation Service
SHAPE: Strategic Health Asset Planning and Evaluation

STI: Sexually Transmitted Infection
SUE: Sustainable Urban Extension
TFR: Total Fertility Rate
ULHT: United Lincolnshire Hospital Trust
UoL: University of Lincoln
WAWY: We Are With You
YLD: Years of healthy life lost due to disability
YLL: Years of Life Lost

Executive Summary

Every Health and Wellbeing Board (HWB) is required to produce a Pharmaceutical Needs Assessment (PNA). This analysis and mapping of NHS England (NHSE) commissioned pharmaceutical services against local health needs provides the Lincolnshire HWB with a framework to support the local health and care system to:

- Understand the pharmaceutical needs of the population.
- Gain a clearer picture of pharmaceutical services currently provided.
- Make appropriate decisions on applications for NHS pharmacy contracts.
- Commission appropriate and accessible services from community pharmacies.
- Clearly identify and address any local gaps in pharmaceutical services.
- Target services to reduce health inequalities within local health communities.

This PNA has been produced through the PNA Steering Group on behalf of the Lincolnshire HWB, with authoring support from the School of Pharmacy at the University of Lincoln (UoL). Data presented throughout the document are accurate as of 31st December 2021, unless stated otherwise. Any subsequent changes will be monitored, and any changes updated through supplementary statements (published alongside the PNA document), when necessary.

NHS pharmaceutical services in England

NHS pharmaceutical services are provided by contractors on the 'Pharmaceutical List' held by NHS England & Improvement (NHSE&I). Types of providers are:

- Community pharmacy contractors, including distance-selling pharmacies (DSPs).
- Dispensing appliance contractors (DACs).
- Local pharmaceutical service (LPS) providers.
- Dispensing GP surgeries.

Community pharmacies operate under the NHS Community Pharmacy Contractual Framework (CPCF) 2019 – 2024 (contract) which sets out three levels of service:

Essential Services

- Negotiated nationally and commissioned by NHSE.
- Provided from all pharmacies.

Advanced Services

- Negotiated nationally and commissioned by NHSE.
- Provided by pharmacies which choose to offer them.

Enhanced Services/locally commissioned services (LCS)

- Negotiated locally and commissioned by local authorities, NHS Lincolnshire Integrated Care Board (ICB) or NHSE to address local health needs.
- Provided by some pharmacies dependent on commissioning.

The CPCF enables NHSE to commission services to address local needs, while still retaining the traditional dispensing of medicines and access to support of self-care from pharmacies. For the purpose of this PNA, Essential Services and GP dispensing services are defined as necessary services, while Advanced and Enhanced Services are other relevant services.

Lincolnshire

Lincolnshire is located in the East Midlands and is the fourth largest county in England. The county has seven districts – Boston, East Lindsey, Lincoln City, North Kesteven, South Holland, South Kesteven, and West Lindsey – and has a diverse geography comprising large rural and agricultural areas, urban areas and market towns, and a long eastern coastline. The estimated resident Lincolnshire population is 766,300 (based on Office for National Statistics (ONS) 2020 Mid-Year Population Estimates) with a 49% male and 51% female breakdown.

In the Index of Multiple Deprivation (IMD) showing overall deprivation, the 2019 data shows Lincolnshire ranked 91st out of 152 upper-tier authorities in England, where 1st is the most deprived. Levels of deprivation vary significantly across the county, with urban areas and the east coast having much higher levels of multiple deprivation compared to the rural areas of the county.

The main causes of ill health in Lincolnshire are coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), diabetes and cancer. There is also a high prevalence of obesity, stroke, and musculoskeletal conditions.

Current pharmaceutical provision

Pharmaceutical services are provided in Lincolnshire through three types of providers: community pharmacies (including DSPs), DACs and dispensing GP surgeries. Other NHS providers of pharmaceutical services in Lincolnshire are out of scope of this PNA.

There are 117 community pharmacies in the Lincolnshire HWB area (as of 30th June 2022), including 5 DSPs. Due to the mainly rural nature of Lincolnshire, the number of community pharmacies varies by district. Some populations may find community pharmacies in neighbouring HWB areas more accessible and/or convenient. Most people in Lincolnshire can access a community pharmacy within 15-30 minutes either by car or public transport on any day of the week.

There are currently 55 dispensing GP surgeries in Lincolnshire, as of February 2022 (Source: OHID, SHAPE Place Atlas), offering access to pharmaceutical services predominantly to people living in specific, rural locations in the county.

There is one DAC based in Lincolnshire, as of February 2022. People of Lincolnshire can access services remotely from any DAC in the country. In addition, a variety of appliances can be accessed through most community pharmacies and dispensing GP surgeries in Lincolnshire.

The existing evidence suggests that the availability of necessary and other relevant services through the current network of pharmaceutical contractors meets the need for the access to, and the choice of pharmaceutical services in Lincolnshire.

Conclusion

The Lincolnshire HWB considered the number, distribution, access, and choice of pharmaceutical contractors covering each of the seven districts in Lincolnshire and concluded that the existing evidence indicates that residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps have been identified in the provision of necessary and other relevant services across Lincolnshire. Changes affecting pharmaceutical provision such as substantial changes in current provision or population demographics will be monitored and reviewed by the HWB, and the PNA will be updated with supplementary statements where necessary. Any expansion of services will continue to happen within the existing network of pharmaceutical contractors where possible.

Section 1: Introduction

1.1 Legislative Framework

The Health and Social Care Act 2012 requires each HWB in England to assess the needs for pharmaceutical services in its area and publish relevant statements in the PNA.

The NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 (SI 2012/349) came into force on 1 April 2013. The Regulations require each HWB to publish a statement of its revised assessment within three years of its previous publication and this document fulfils this regulatory requirement.

The Regulations 2013 were updated by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) (Amendment and Transitional Provision) Regulations 2014 on 1 April 2014. This PNA has considered these amendments, but the Pharmaceutical Regulations 2013 have been referenced throughout.

The Community Pharmacy Contractual Framework 2019 - 2024: supporting delivery for the NHS Long Term Plan, published July 2019, sets out an expanded the role for community pharmacies, placing them at the forefront of treating minor illness and providing health advice. The five-year deal:

- Commits almost £13 billion to community pharmacy through its contractual framework.
- Builds upon the reforms started in 2015 with the introduction of the Pharmacy Quality Scheme (PQS) to move pharmacies towards a much more clinically focused service.
- Confirms community pharmacy's future as an integral part of the NHS, delivering clinical services as a full partner in local Primary Care Networks (PCNs).
- Describes new services which will be introduced, the foremost amongst the new services was the new national NHS Community Pharmacist Consultation Service (CPCS), introduced in 2019, connecting patients who have a minor illness with a community pharmacy which should be their first port of call.
- Underlines the critical role of community pharmacy as an agent of improved public health prevention, embedded in the local community.
- Maximises the opportunities of automation and developments in information technology and skill mix to deliver efficiencies in dispensing and services that release pharmacist time.
- Continues to prioritise quality in community pharmacy and to promote medicines safety and optimisation; and
- Underlines the necessity of protecting access to local community pharmacies through a Pharmacy Access Scheme (PhAS).

PhAS was introduced in 2016 as a new way in which community pharmacies receive their funding. Since then, PhAS has been reviewed, updated and started in January 2022. PhAS aims to support access to pharmacies that are sparsely spread, as patients depend on them most. As of 2022, any directly accessible pharmacy that is more than a mile from another pharmacy by road (or 0.8 miles in deprived areas), is on the pharmaceutical list on 31st March 2021, and meets a small number of other criteria, is eligible for PhAS. Nationally, there are 1,405 pharmacies eligible for PhAS funding based on these criteria, as indicated by Department of Health and Social Care (DHSC). These pharmacies receive additional funding that is appropriately banded. Pharmacies not deemed as eligible for PhAS payment can apply for inclusion based on very specific criteria only. The PhAS is fixed up until next review and has a budget of up to £20M nationally.

A PQS was re-introduced in September 2021 and makes £75M available nationally to qualifying pharmacies based on a points system. Each pharmacy that chooses to participate is required to meet different criteria across several quality domains in order to qualify for the funding.

1.2 Local Context

1.2.1 Joint Strategic Needs Assessment

The Health and Care Act (2012) requires each HWB to prepare and publish a Joint Strategic Needs Assessment (JSNA) and to use the JSNA to inform decision making, commissioning and the development of the Joint Health and Wellbeing Strategy (JHWS).

The JSNA is an assessment of the current and future health and wellbeing needs of the people of Lincolnshire. It brings together a range of data, information and intelligence into an overarching shared evidence base across health and care.

1.2.2 Joint Health and Wellbeing Strategy

The JHWS, agreed by the Lincolnshire HWB in June 2018, has a strong emphasis on prevention and early intervention, with a clear aim to deliver transformational change which shifts the focus from treating ill health and disability to prevention and self-care. The overarching themes of the JHWS are to:

- Embed prevention across all health and care services.
- Develop joined up intelligence and research opportunities to improve health and wellbeing.
- Support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to improve their health and wellbeing.
- Harness digital technology to provide people with tools that will support prevention and self-care.
- Ensure safeguarding is embedded.

Priorities in the JHWS are focused on the areas identified from the JSNA as being the most important health and wellbeing issues facing the county. These are:

- Mental Health and Emotional Wellbeing (Children & Young People)
- Carers
- Obesity
- Mental Health (Adults)
- Dementia
- Physical Activity
- Housing and Health

1.2.3 Integrated Care Systems

ICSs are partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population. The central aim of ICSs is to integrate care across different organisations and settings, joining up hospital and community-based services, physical and mental health, and health and social care.

ICSs are intended to bring about major changes in how health and care services are planned, paid for and delivered, and are a key part of the future direction for the NHS as set out in the NHS Long Term Plan. It is hoped that they will be a vehicle for achieving greater integration of health and care services; improving population health and reducing inequalities; supporting productivity and sustainability of services; and helping the NHS to support social and economic development. Each ICS will be led by NHS Integrated Care Board (ICB), an organisation responsible for NHS functions and budgets, and Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care strategy.

1.2.4 Primary Care Networks

In July 2019, the majority of GP practices in England were combined to form around 1,300 geographical networks called Primary Care Networks (PCNs), which cover populations of approximately 30,000-50,000 patients. PCNs form a key building block of the NHS Long-Term Plan. They were formed: to combine general practices together to work at scale in order to improve the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services for patients and to integrate with the wider health and care system more easily. (Source: Kings Fund (2019), Primary care networks explained)

As of December 2021, Lincolnshire had 14 PCNs; the most up-to-date list can be accessed here*.

1.3 Purpose of the PNA

The PNA is considered alongside the JSNA. The PNA identifies where pharmaceutical services address public health needs outlined in the JSNA as a current or future need. Through decisions made by the local authority, NHSE and the ICB, these documents will jointly aim to improve the health and wellbeing of the local population and reduce inequalities.

1.4 Scope of the PNA

The Pharmaceutical Regulations 2013 detail the information required to be contained within the PNA. A PNA is required to measure the adequacy of pharmaceutical services in the HWB area under five key themes:

- Necessary services: current provision
- Necessary services: gaps in provision
- Other relevant services: current provision
- Improvements and better access: gaps in provision
- Other NHS services

In addition, the PNA details how the assessment was carried out. This includes:

* By the time of publication, the number of PCNs may change

- How the localities were determined
- The different needs of the different localities
- The different needs of people who share a particular characteristic
- A report on the PNA Statutory Consultation

To comprehend the definition of 'pharmaceutical services' as used in this PNA, it is important to understand the types of NHS pharmaceutical providers in the pharmaceutical list maintained by NHSE. The types of NHS pharmaceutical provides are:

- Pharmacy contractors
- DACs
- LPS providers
- Dispensing GP surgeries

Pharmaceutical services provided by community pharmacies, dispensing GP surgeries and appliance contractors are defined by the regulations and consist of services that are/may be commissioned under the provider's contract with NHSE.

For the purpose of this PNA, 'necessary services' are understood to be equivalent to Essential Services and GP dispensing services, while 'other relevant services' are equivalent to Advanced and Enhanced Services.

1.4.1 Pharmacy Contractors

Pharmacy contractors operate under the CPCF which sets out three levels of service under which pharmacy contractors operate:

Essential Services: These are nationally negotiated and must be provided by all pharmacies:

- Dispensing Medicines
- Dispensing Appliances (if considered 'normal course of business' – contractor does have the ability to decide not to dispense at all)
- Repeat Dispensing
- Clinical Governance
- Discharge Medicine Service (DMS) – added to the CPCF from February 2021
- Public Health (Promotion of Healthy Lifestyles)
- Signposting
- Support for Self-Care
- Disposal of Unwanted Medicines

Advanced Services: As of December 2021, there are ten Advanced Services within the CPCF. They are negotiated nationally, and any contractor may provide any of these services if they meet the requirements of the regulations and service specification associated with each service. They are:

- Appliance Use Reviews (AURs)
- CPCS – extended to allow GPs to refer from November 2020
- C-19 Lateral Flow Device Distribution Service* – temporarily added to the CPCF from March 2021
- Flu Vaccination Service
- Hepatitis C Testing Service – added to the CPCF from April 2020
- Hypertension Case-Finding Service – added to the CPCF from October 2021
- New Medicine Service (NMS) – extended to include more conditions and medicines from October 2021
- Pandemic Delivery Service* – temporarily added to the CPCF from March 2021
- Stoma Appliance Customisation (SAC)
- Stop Smoking Advance Service – added to the CPCF from March 2022

***Enhanced Services (and LCSs)*:** Enhanced Services were published alongside the 2013 Directions and in community pharmacies can be contracted for local purposes via number of different routes and by different commissioners, including local authorities, ICS and local and national NHSE teams. Some examples of Enhanced Services can include:

- Care home service
- Chlamydia Screening & Treatment
- Emergency Hormonal Contraception (EHC) service†
- Minor ailment service
- Needle and Syringe Programme (NSP) †
- Patient group direction (PGD) service
- Smoking Cessation Service (SCS) †
- Pharmacy Based Supervised Administration Programme (PBSAP) †

As of December 2021, there are four NHSE-commissioned Enhanced Services across Lincolnshire: Palliative Care Drugs' Stocklist Scheme, Extended Hours Service, COVID-19 Vaccination Programme and Extended Care Service.

In Lincolnshire, the services marked with † symbol are currently available and commissioned by Lincolnshire County Council (LCC). Therefore, they are classed as LCSs rather than Enhanced Services and fall outside of the definition of pharmaceutical services. Data relating to LCSs in Lincolnshire were presented in Appendix 3.

* By the time of publication, these services may no longer be commissioned and provided

† By the time of publication, these services may no longer be commissioned and provided

Pharmacy contractors comprise the following: those located within Lincolnshire HWB area as listed in Appendix 1, those in neighbouring HWB areas, and remote suppliers, such as DSPs. All pharmacy contractors operate under a contract with NHSE (see Section 3 for further details).

Although DSPs may provide services from all three levels as described above, and must provide all Essential Services, they must not provide Essential Services face-to-face on the premises. As of December 2021, there are five DSPs located within Lincolnshire providing services to the whole population of England and likewise, DSPs elsewhere in England can provide services to Lincolnshire residents.

1.4.2 Dispensing Appliance Contractors

DACs operate under the Terms of Service for Appliance Contractors as set out in Schedule 5 of the Pharmaceutical Regulations 2013. They can supply appliances against an NHS prescription, such as stoma and incontinence aids, dressings, bandages and other.

DACs must provide a range of Essential Services, such as dispensing of appliances, advice on appliances, signposting, clinical governance, and home delivery of appliances. In addition, DACs may provide the Advanced Services of AURs and SAC. Pharmacy contractors, dispensing GP surgeries and LPS providers can supply appliances. DACs are unable to supply medicines.

There is currently one DAC in the Lincolnshire HWB area based in North Kesteven; however, the population can access DACs from elsewhere in the UK if required.

1.4.3 Local Pharmaceutical Service Providers

A provider of pharmaceutical services may be locally commissioned by NHSE to deliver specified services to their local population or a specific population group outside the CPCF. As of December 2022, there are no LPS providers in Lincolnshire.

1.4.4 Dispensing GP Surgeries

The Pharmaceutical Regulations 2013, as set out in Part 8 and Schedule 6, permit GPs in certain areas to dispense NHS prescriptions for defined populations.

These provisions are to enable patients in defined rural communities, who do not have reasonable access to a community pharmacy, to have access to dispensing services from their GP surgery. Reasonable access is defined as a distance of more than one mile (1.6km measured in straight line) from a community pharmacy premises (excluding any DSP premises). Dispensing GP surgeries therefore make a valuable contribution to dispensing services, although they do not offer the full range of pharmaceutical services offered at community pharmacies. Dispensing GP surgeries can only provide such services to communities within rural areas known as 'controlled localities'.

GP premises for dispensing must be listed on the pharmaceutical list held by NHSE and patients retain the right to choose to have their prescription dispensed from a community pharmacy if they wish.

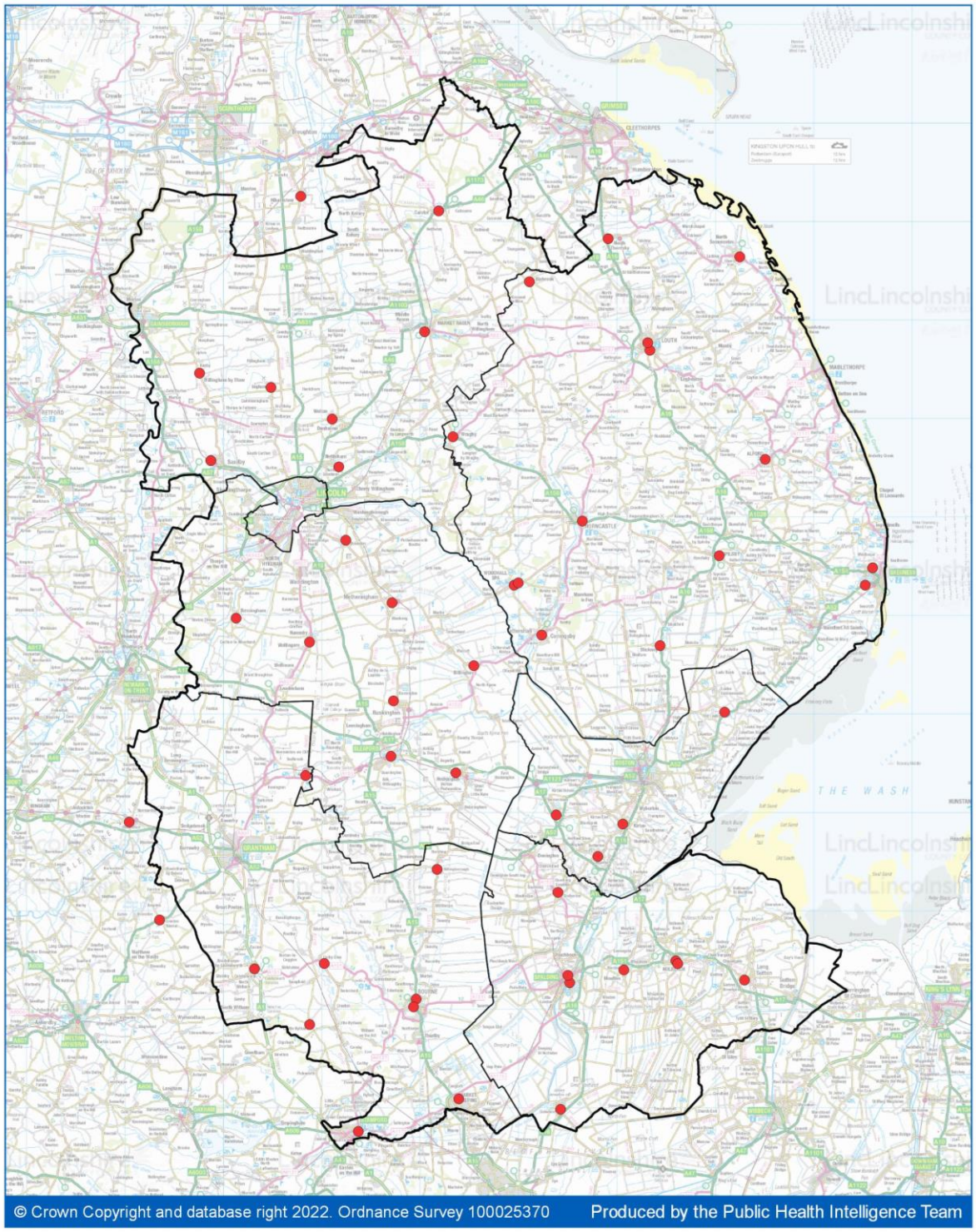
There are 55 dispensing GP surgeries located in Lincolnshire, as presented in Table 1 and Figure 1. Geographical distributions of dispensing GP surgeries within each district are presented in Appendix 1. There are 24 satellite dispensing GP surgeries in Lincolnshire, of which two are located within Lincolnshire, but are branches of GP surgeries located outside of Lincolnshire (1 North Lincolnshire, 1 North East Lincolnshire).

Table 1: Numbers of dispensing GP surgeries in each district of Lincolnshire

Lincolnshire District	Dispensing GPs
Boston	4
East Lindsey	15
Lincoln	0
North Kesteven	8
South Holland	8
South Kesteven	9
West Lindsey	8
Out of area	3
Lincolnshire	**55**

Source: OHID, SHAPE Place Atlas, February 2022

Figure 1: Dispensing GP surgeries in Lincolnshire



Source: OHID, SHAPE Place Atlas February 2022

1.4.5 Other providers of pharmaceutical services in neighbouring HWB areas

There are nine other HWB areas which border the Lincolnshire HWB area:

- Cambridgeshire HWB
- Leicestershire HWB
- Norfolk HWB

- North Northamptonshire HWB
- North East Lincolnshire HWB
- North Lincolnshire HWB
- Nottinghamshire HWB
- Peterborough HWB
- Rutland HWB

In determining the needs of, and pharmaceutical service provision to, the population of Lincolnshire, the pharmaceutical service provision from the neighbouring HWB areas was considered.

1.4.6 Other NHS and relevant services and providers in Lincolnshire

Details of other NHS providers in Lincolnshire, such as hospitals, urgent care services and prisons have been listed in Appendix 1. These organisations provide pharmaceutical services but fall outside of the scope of the PNA.

In addition, the following services are delivered by NHS pharmaceutical providers in Lincolnshire but are out of scope of the PNA as they are not commissioned by NHSE.

Local Authority commissioned services

LCC commissions the following LCS from community pharmacies in Lincolnshire:

- Emergency Hormonal Contraception services
- Needle and Syringe Programme
- Pharmacy-Based Supervised Administration Programme
- Smoking Cessation Service

NHS Lincolnshire Integrated Care Board-commissioned services

There is one NHS Lincolnshire Integrated Care Board (ICB) in Lincolnshire, which does not currently commission any services from community pharmacies.

Privately provided services

Most pharmacy contractors and DACs also provide services by private arrangement between the pharmacy/DAC and the customer/patient.

1.5 Process for developing the PNA

The PNA Steering Group presented papers to the Lincolnshire HWB on 22nd June and 28th September 2021, to inform the Board of its statutory responsibilities under the Health and Social Care Act to produce and publish a revised PNA at least every three years. The last PNA for Lincolnshire was published in March 2018, and due to the COVID-19 pandemic the deadline for publishing the subsequent PNA was postponed to 1st October 2022.

Lincolnshire HWB accepted the content of the paper at the meeting, including the recommendation to delegate responsibility for the PNA to a Steering Group. Development of the PNA was led by the School of Pharmacy at the UoL working in partnership with LCC.

Step 1: Steering Group
On 15 July 2021, Lincolnshire's PNA Steering Group was established. The Terms of Reference and composition of the group can be found in Appendix 2.

Step 2: Project management
At this first meeting, the Steering Group agreed the project plan and on-going process for developing the updated PNA document.

Step 3: Data collation to inform the development of the PNA draft
a: Public engagement on pharmacy provision
Healthwatch Lincolnshire undertook a series of engagement opportunities with the public to gather their views on pharmaceutical services in Lincolnshire. The views were obtained from a total of 203 people.

b: Pharmacy contractor questionnaire
The Steering Group agreed a questionnaire to be distributed to the local community pharmacies via email to collate information for the PNA. After two weeks, LCC Business Support Team followed up the email with a phone call to every community pharmacy in Lincolnshire. The Local Pharmaceutical Committee (LPC) supported this questionnaire to gain responses. A total of 70 responses (59.3%) were received.

c: Dispensing Practice questionnaire
The Steering Group agreed a questionnaire to be distributed to all local dispensing GP surgeries in Lincolnshire to inform the PNA. The Local Medical Committee (LMC) supported this questionnaire to gain responses. A total of 40 responses (67.7%) were received.

The questionnaire templates circulated as part of the stakeholder engagement in a-c above can be found in Appendix 3.

In addition to data collected through stakeholder engagement, detailed data for all community pharmacies in Lincolnshire (including opening hours and advanced service provision) was sourced centrally from NHSEI. This was used alongside stakeholder engagement data to develop the PNA.

Step 4: Preparing the PNA draft for consultation
The Steering Group reviewed and revised the content and detail of the existing PNA in February 2022, with the draft PNA presented to HWB for approval on 29th March 2022.

Step 5: Statutory Consultation

In line with the Pharmaceutical Regulations 2013, a consultation on the draft PNA was undertaken between 19th April 2022 and 20th June 2022. The draft PNA and consultation response form was issued to all identified stakeholders. Please refer to additional document entitled "Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation"

Step 6: Collation and analysis of consultation responses

The consultation responses were collated and analysed by the Steering Group on 15th July 2022. A summary of the responses received, and analysis is noted in the additional document entitled "Lincolnshire Pharmaceutical Needs Assessment 2022 Statutory Consultation".

Step 7: Publication of final PNA – future stage

The collation and analysis of consultation responses were used by the Steering Group to revise the draft PNA. The final PNA was presented to Lincolnshire HWB for approval on 21st September 2022 for publication by 1st October 2022.

1.6 Localities for the purpose of the PNA

As most of the health and social data used to inform the PNA is available at a District Authority level, throughout the PNA localities are District Authorities unless otherwise stated. Data at a PCN level is used occasionally where possible to provide appropriate granularity and cover any gaps in health and social data at a district level.

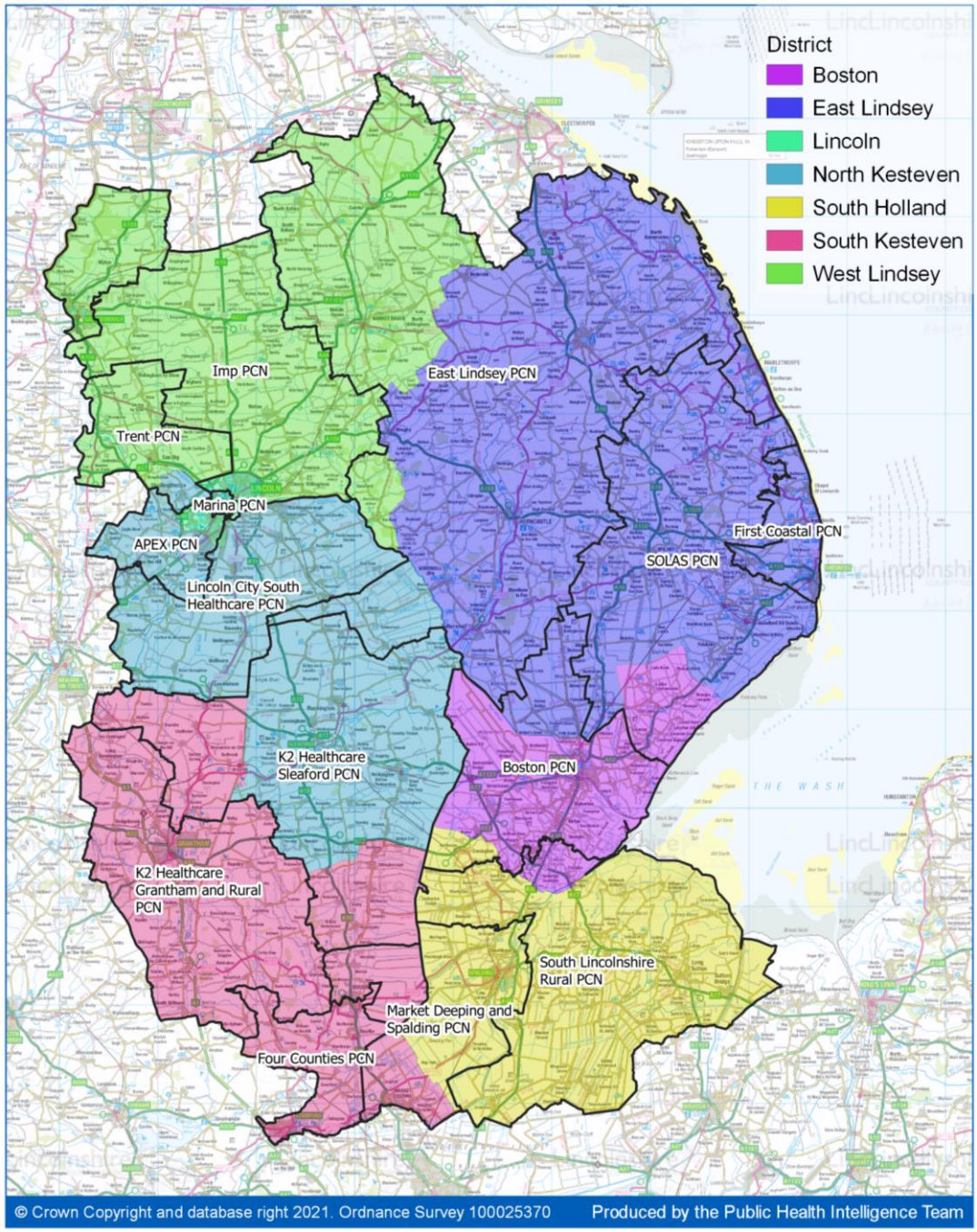
The localities (which are referred to as districts throughout the PNA) are:

- Boston
- East Lindsey
- Lincoln City
- North Kesteven
- South Holland
- South Kesteven
- West Lindsey

A list of providers of pharmaceutical services in each district can be found in Appendix 1. The information contained in this appendix was collated based on the information provided by NHSE, LCC, LPC, LMC and Lincolnshire ICS. Data are accurate as of 31st December 2021.

Figure 2 presents the geographical boundaries for the seven Lincolnshire districts, as well as for the 14 PCNs.

Figure 2: Lincolnshire PCNs and District boundaries*



* Boundaries are accurate as of 31st December 2021

Section 2: Context for the PNA

We have used the most recent data available to inform the PNA, and the following are correct as of 31st December 2021.

2.1 Demography of Lincolnshire

2.1.1 Population estimates and projections

The latest ONS population figures for 2020 show that Lincolnshire has an estimated resident population of 766,300 with 49% males and 51% females. Between 2010 and 2020, the population has increased by 7.7%, which is lower than the growth seen in the East Midlands (8.0%) and higher than England (7.4%).

The latest GP registered population for Lincolnshire, as of November 2021 (based on GP practices located within the Lincolnshire ICS boundary) is 806,562. The registered population exceeds the resident population, as it includes patients who live outside of Lincolnshire and remain registered with Lincolnshire GP practices.

Table 2 highlights that Boston is expected to see the greatest population increase by 2025, followed by East Lindsey and North Kesteven. Lincoln is projected to see no change in population by 2025, which is lower than the expected growth for Lincolnshire.

Table 2: Estimated population (2020) and projected increase by 2025, by district

Area	Mid-2020	Male	Female	Projected increase by 2025
Boston	70,800	50.0%	50.0%	5.5%
East Lindsey	142,000	48.8%	51.2%	4.6%
Lincoln	100,000	50.0%	50.0%	0.0%
North Kesteven	118,100	48.8%	51.2%	4.5%
South Holland	95,900	49.0%	51.0%	4.3%
South Kesteven	143,200	48.3%	51.7%	2.7%
West Lindsey	96,200	49.1%	50.9%	2.1%
Lincolnshire	**766,300**	**49.0%**	**51.0%**	**3.4%**
England	**56,550,100**	**49.5%**	**50.5%**	**2.7%**

Source: ONS mid-year population estimates (2020) and 2018-based population projections, via NOMIS

Table 3 illustrates the breakdown of the Lincolnshire population by broad age group in both 2020 and projected for 2025, while Figure 3 demonstrates estimates of Lincolnshire population by age and gender.

By 2025, the population of those under 18 years of age is expected to increase by 3.7%, which is higher than the projected national increase of 0.9%. The population of adults aged between 18 and 64 years of age will see a minor increase of 0.5% by 2025, which is lower than the projected national increase of 1%; and the most noticeable change in the Lincolnshire population will be in those aged 65 years and over, projected to increase by 9.5% between 2020 and 2025, which is comparable to the projected national increase of 9%.

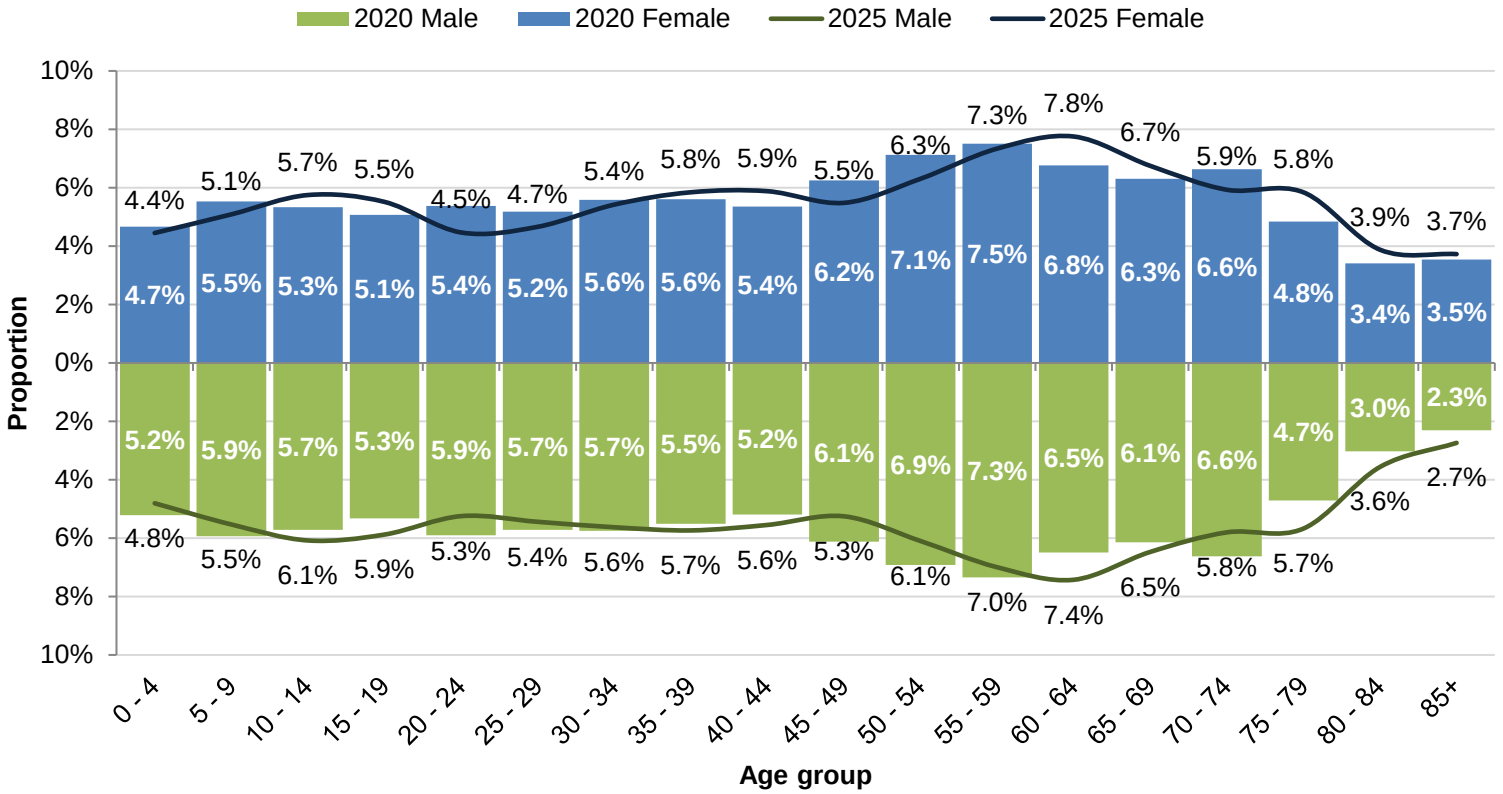
The increase in the elderly population will require significant planning for the delivery of services, to meet the varied health and social care needs of this population.

Table 3: Lincolnshire population (2020) projected to 2025, by broad age group and district

Area	0-17		18-64		65+	
	2020	2025	2020	2025	2020	2025
Boston	15,000	8.0%	41,000	3.9%	14,800	8.1%
East Lindsey	24,300	3.7%	74,500	2.1%	43,200	9.7%
Lincoln	18,200	-0.5%	66,500	-1.8%	15,300	8.5%
North Kesteven	23,000	8.3%	67,300	0.9%	27,900	9.7%
South Holland	18,800	5.9%	53,700	3.0%	23,300	6.9%
South Kesteven	29,500	1.4%	80,200	-1.1%	33,600	12.2%
West Lindsey	18,400	1.1%	53,500	-0.6%	24,200	9.1%
Lincolnshire	**147,300**	**3.7%**	**436,700**	**0.7%**	**182,300**	**9.5%**
England	**12,120,741**	**0.9%**	**34,052,396**	**1.0%**	**10,505,333**	**9.0%**

Source: ONS mid-year population estimates (2020) and 2018-based population projections, via NOMIS

Figure 3: Lincolnshire population estimates and projections, by age group and gender: 2020 and 2025



Source: ONS mid-year population estimates (2020) and 2018-based population projections, via NOMIS

2.1.2 Population growth

Changes in local populations can be driven by international migration, internal migration, births, and deaths.

Births

In Lincolnshire there were 6,600 live births in 2020, which equates to a crude birth rate (CBR) of 8.6 live births per 1,000 people. This CBR is lower than the national rate of 10.3 per 1,000 people. Within Lincolnshire, CBRs vary, with Lincoln having the highest rate of 10.7 per 1,000 (based on usual residence of mother), and East Lindsey having the lowest at 7.2 per 1,000. The number of live births in Lincolnshire has fallen by 2.5% from 6,767 births in 2019 (Table 4).

The total fertility rate (TFR) provides a better measure than simply looking at the number of live births or CBR. TFRs account for the size and age structure of the female population of childbearing age, which affects the number of births. (Source: ONS, Births in England and Wales 2020)

The TFR for Lincolnshire in 2020 is 1.57 and is lower than the national average of 1.59. TFRs vary by district with East Lindsey (1.68), South Kesteven (1.67) and South Holland (1.66) having the highest TFRs, and Lincoln having the lowest TFR of 1.49 (Table 4).

Table 4: Live births and fertility rates, by district of usual residence of mother, 2020

Area	Live births	Crude birth rate	Total fertility rate (TFR)
Boston	655	9.3	1.62
East Lindsey	1,026	7.2	1.68
Lincoln	1,068	10.7	1.49
North Kesteven	984	8.3	1.52
South Holland	854	8.9	1.66
South Kesteven	1,221	8.5	1.67
West Lindsey	792	8.2	1.63
Lincolnshire	**6,600**	**8.6**	**1.57**
England	**585,195**	**10.3**	**1.59**

Source: ONS, Births in England and Wales: 2020

Migration

There are a number of indicators that are used to measure the change and flow of the resident population of an area. The ONS provides local area migration indicators, updated annually, which have been summarised in Table 5. Net internal migration from mid-2018 to mid-2019 in Lincolnshire indicated that more people entered the county (33,787) than had left (29,081), however this flow varied by district, with Boston being the only district with a negative influx of residents. Despite this negative influx, Boston has the highest estimated non-UK and non-British born population amongst its residents, as well as the highest number of migrant national insurance number (NiNo), and live births to non-UK born mothers.

Table 5: Summary of migration statistics for Lincolnshire, 2019

Area	Estimated population	Internal migration		Non-UK born population	Non-British population	Migrant NiNo registrations	Migrant GP registrations	Live births to non-UK born mothers	
		Inflow	Outflow					Number	%
Boston	70,800	3,094	3,198	15,000	14,000	2,539	1,657	362	49.3%
East Lindsey	142,000	8,575	6,956	5,000	3,000	263	251	72	6.7%
Lincoln	100,000	10,894	10,781	9,000	9,000	1,327	1,688	250	24.5%
North Kesteven	118,100	7,373	6,509	6,000	5,000	117	225	107	10.8%
South Holland	95,900	4,691	3,976	11,000	10,000	1,199	985	281	31.1%
South Kesteven	143,200	7,723	7,121	5,000	4,000	457	562	210	16.8%
West Lindsey	96,200	6,303	5,406	4,000	2,000	117	194	57	7.2%
Lincolnshire	**766,300**	**33,787**	**29,081**	**54,000**	**46,000**	**6,019**	**5,562**	**1,339**	**19.8%**
England	**56,550,100**	**102,419**	**122,237**	**8,648,000**	**5,587,000**	**683,150**	**755,285**	**180,370**	**29.5%**

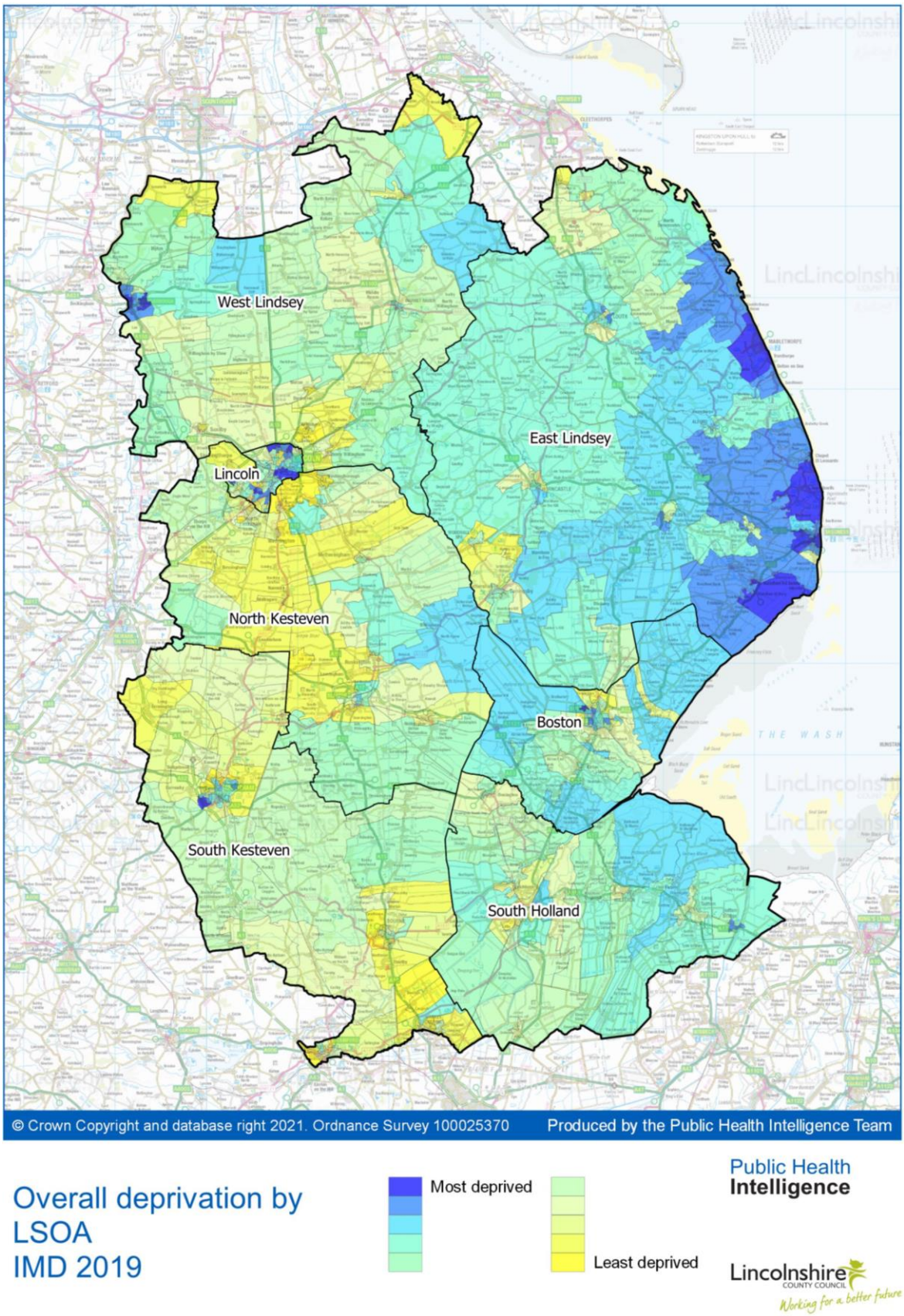
Source: ONS, Local area migration indicators, 2019

2.1.3 Deprivation

The 2019 IMD demonstrates overall deprivation and ranks Lincolnshire 91st out of 151 upper-tier local authorities in England, where 1st is the most deprived. Levels of deprivation vary considerably across the county, influencing health needs and services required by the population. Overall levels of deprivation across Lincolnshire are presented in Figure 4.

- The Lincolnshire coastline particularly the towns of Skegness and Mablethorpe are amongst the most deprived 10% of neighbourhoods in the country. In addition, the surrounding Lower Layer Super Output Areas (LSOAs) are within the most deprived 30%.
- Looking more closely at the pattern of deprivation across the county, clear contrasts can be noticed in the urban areas of Gainsborough, Lincoln, Grantham and Boston in comparison to areas in the rest of the county. A contrast can also be seen when comparing the East Coast to the rest of the county.
- The general pattern of deprivation across Lincolnshire is in line with the national trend, i.e., that urban and coastal areas show higher levels of deprivation than other areas.

Figure 4: Overall deprivation in Lincolnshire, by LSOA, 2019



2.1.4 Vulnerable populations

There are several vulnerable population groups in Lincolnshire which can have an impact on the need for pharmaceutical care.

- Adults in nursing and residential care
- People with sensory, physical, and learning impairments
- Homeless people
- Gypsy and Traveller population
- Park homes and mobile caravans
- Unpaid carers and young carers

Adults in nursing and residential care

Nursing and care homes play a large part in the provision of support for people often with complex health and social needs. Patients in nursing homes often require 24-hour nursing input. Most patients in nursing and residential care will have medical needs that require regular access to pharmaceutical services. According to the JSNA, there were 290 care homes in Lincolnshire, 211 for older people (i.e., aged 65 and over) and 79 for people aged 16–84 living with disabilities.

According to The Adult Social Care SALT 2019/20 return, there are a total of 4,501 long term residents in care homes, 24% of those live in nursing homes and 76% in residential homes. Of those 4,501 long-term residents known to Adult Social Care, 3,781 residents are aged over 65 and 720 people aged 18–64 in care homes, either self-funding, or funded by the local authority.

In Lincolnshire in 2019/20 there were 365 permanent admissions to residential and nursing care homes for people aged 65 and over. This equates to a rate of 203 admissions per 100,000 people and is lower than regional levels (584 admissions per 100,000 people). (Source: Fingertips - Public Health data)

People with sensory, physical, and learning impairments

It is estimated that as of 2020, there are 44,218 adults aged 18–64 living in Lincolnshire with a long-term illness or physical disability (using impaired mobility and personal care conditions on PANSI); this represents 5.7% of the resident population (Source: PANSI, 2021).

For older people, even more of the county population have a limiting long-term condition or physical disability. It is estimated that 41,652 older (aged 65 and over) people live in the county in 2020 with a long-term condition or disability that significantly limits their day-to-day activities, and that 47,568 people have a long-term condition or disability with a lower impact on their day-to-day activities. When the two are combined (89,220), this equates to just under half of the older adult population of Lincolnshire (Source: POPPI, 2021).

This is a vulnerable group of the population with often varied pharmaceutical needs depending on the complexities of their disability or illness. Pharmacy services play a large part in ensuring these patients have convenient access to medicines promptly, and free delivery of prescription services can be of benefit to this patient population.

Homeless people

Homelessness is defined as not having a home (Source: Shelter England). This can include anyone who is:

- Staying with friends or family
- Staying in a hostel, night shelter or B&B
- Squatting
- At risk of violence or abuse in your home
- Living in poor conditions that affect your health
- Living apart from your family because you do not have a place to live together

Access to pharmacy services is required to support this population, including availability of specialist services to address health and wellbeing concerns.

In Lincolnshire, the rate of statutorily homeless households in temporary accommodation is 0.6 per 1,000 households. This is much lower than the national rate of 3.8 households per 1,000 (2019/20). Family homelessness rate in Lincolnshire is 15.9 per 1,000 households (2019/20) is higher than the national rate of 14.9 per 1,000 households (Source: Fingertips - Public Health data).

Across Lincolnshire there are 9,916 households on council house waiting lists or in temporary accommodation waiting for suitable accommodation. The district areas with the largest waiting lists are South Kesteven (2,995), East Lindsey (1,526) and Boston (1,814). (Source: Shelter Housing Databank).

Gypsy and Traveller population

The Gypsy and Traveller population often present with varying health needs both for adults and children. Due to lifestyle and the nomadic nature of this population, healthy living and wellbeing may be disrupted, therefore when settled for a temporary period, access to pharmaceutical services is vital to support good health.

As of January 2020, there were 319 known traveller caravans in Lincolnshire. South Kesteven has 52 caravans, making up 16.3% of the Lincolnshire total, followed by West Lindsey, with 48 caravans, or 15% of the total. There are no recorded traveller caravans in Boston (Table 6).

Table 6: Travellers' caravan count (number of caravans) as of January 2020 in Lincolnshire by district

Area	Traveller caravan count
Boston	0
East Lindsey	10
Lincoln	13
North Kesteven	14
South Holland	14
South Kesteven	52
West Lindsey	48
Lincolnshire	**319**

Source: ONS, Travellers Caravan Count, January 2020

Park homes and mobile caravans

As a relatively heterogeneous group, park home and mobile caravan residents have varying health needs depending upon their age and so access to medical and pharmaceutical services can be a challenge to predict. Some caravans are home to holidaymakers or seasonal workers for long periods of time, and of course this population will need access to a range of local amenities including community pharmacies. However, many park home and mobile caravan dwellers (i.e. people who live in such homes on permanent basis) are older adults, typically suffering from higher rates of poor health than the general population (Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011).

Research estimates that there are perhaps 3,500 households, accounting for around 6,600 people, who live for some or all of the year in caravans or chalets on the coast. Of these, around 40% are in effect full-time East Lindsey residents and should be counted as such. (Source: Centre for Regional Economic and Social Research, Sheffield Hallam University, 2011).

Nationally, three in five park home and caravan residents are aged over 50 years old. In East Lindsey, 31% of caravans and park homes have at least one resident with a long-standing illness or disability, and 9% have two or more. This has a significant impact on need as 1 in 4 households have at least one person with mobility problems.

Additionally, only half are registered with a local GP (on a permanent (39%) or temporary (11%) basis), although many do still use local GPs, hospitals, and dentists. Many patients remain registered with their 'home' GPs while visiting in the county for extended periods, as the national growth of electronic prescribing and electronic repeat dispensing enables such patients to manage

their repeat prescriptions remotely. In such cases, patients require access to pharmaceutical services in the county but would not necessarily need to access local GP services.
Overall, it is suggested that the level of health need in park home and caravan communities exceeds the expected rate explained by demography and deprivation alone (Source: Health of caravan park residents: a pilot cross-sectional study in the East Riding of Yorkshire.

Houseboat dwellers across the county are small in numbers and therefore not quantified for the purposes of this report.

Unpaid carers and young carers
According to the 2011 Census, Lincolnshire recorded 1,800 young carers under the age of 15, and a further 3,500 young adult carers (16-24). However, in 2010, a BBC and Nottingham University survey suggested there could be four times more young carers than the previous official census of 2001 showed. The Royal College of GPs estimates there are approximately 3,200 young carers in an average ICB area.

Over 20,000 carers provided more than 50 hours of unpaid caring a week. Unpaid carers caring for over 50 hours a week are twice as likely to be in poor health as those not providing care. Over 53,000 unpaid carers were of working age, and over 20,000 were aged 65 and over. (Source: ONS (2011)).

Lincolnshire has one of the fastest growing rates of unpaid carers in the UK. Between 2001 and 2015, the county experienced a 27.5% increase in the number of carers, compared to the general rate of population growth of 6.2%. This was the largest rate of growth in the East Midlands. (Source: Buckner and Yeandle (2015)). Lincolnshire and the East Midlands is one of the UK regions with the highest rate of growth of people over 65: a 22% increase projected by 2024 (Source: ONS (2016)).

In 2019/20, in total 22,160 unpaid adult carers and a further 9,888 unpaid parent carers of children were known to the Council. Of these, 10,615 unpaid adult carers in 2019/20 received a service for themselves or the adult they cared for (who may be eligible for social care in their own right). Of the carers assessed, 53% met the 2014 Care Act national threshold for eligibility. (Source: LCC SALT 2019/20).

2.1.5 Housing
Lincolnshire is recognised as a growth area in both economic and housing terms, with housing numbers set to increase considerably in the next 20 years. Local Plans in the county point towards high levels of housing allocation with 71,116 homes overall to be built in Lincolnshire by 2036 at an average annual rate of 3,501 per annum. This number and rate set before the COVID-19

pandemic could, however, be impacted by the pandemic and subsequent Government policies to 'Build Back Better'.

Consultation with the local district strategic planning teams highlighted some areas where large increases in new housing will affect the pharmaceutical needs of the population. Planned large housing developments in major growth areas (Greater Lincoln and Grantham) and some other main towns (such as Boston, Sleaford, and Spalding) may require reassessment of pharmaceutical needs in those areas. Areas where we know that there is a large, proposed development (generally in excess of 500 homes) have been identified in the Table 7.

Most of the developments are not expected to be completed, or even started in the three-year life of this PNA document, but these areas will be reviewed regularly. Planners will be asked to inform the Lincolnshire HWB of any long-term projects which could influence the health needs of a district.

It should be noted that Local Plans are regularly reviewed with both policies and housing land allocations changing. The numbers above are from the current adopted Local Plans. Other developments can come forward through other routes. For example, a proposed Skegness Gateway Urban Extension is under discussion; to be developed through a Local Development Order rather than the standard planning process. The proposed master plan includes around 1,000 new homes, specialist accommodation for older people, a tourism offering, college, crematorium, and businesses.

Small developments, infill sites and individual dwellings are not generally included in housing allocations, and these are not likely to have a significant effect on health and pharmaceutical needs.

Table 7: Planned housing stock in Lincolnshire, by district

Local Plan area	District	Planned New Homes			Planned Distribution of Housing (where over 500 homes in one area)	
		Period	Total Number	Annual average	Area	Number
Central Lincolnshire	Lincoln	2012-2036	36,960	1,540	Lincoln - West (Western Growth Corridor)	3,200
					Lincoln - Other	3,467
	North Kesteven				Sleaford - South	1,450
					Sleaford - West	1,400
					Sleaford – Other	1,434
					Lincoln – South East (Canwick Heath)	3,500
					Lincoln – South West (Grange Farm)	1,600
					Skellingthorpe	651
					Witham St Hughs	1,355
					Billinghay	563
					Ruskington	549
	West Lindsey				Gainsborough - North	750
					Gainsborough - South	1,400
					Gainsborough – Other	1,739
					Welton by Lincoln	524
					Lincoln – North East (Greetwell)	1,400
South East Lincolnshire	Boston	2011-2036	7,550	300	Boston – Quadrant	1,515
					Boston - Other	6,111
	South Holland		11,125	445	Spalding - North	676
					Spalding – Other	5,860
					Holbeach	760
					Crowland	524
					Kirton	514
					Long Sutton	608
East Lindsey	East Lindsey	2016-2031	7,819	558	Louth	1,619
					Coningsby and Tattershall	549
					Horncastle	683
South Kesteven	South Kesteven	2011-2036	15,625	625	Grantham – Spitalgate Heath	3,700
					Grantham – North West (Rectory Farm and adjacent)	1,554
					Grantham – Prince William of Gloucester Barracks	4,000
					Stamford – North	1,300
					The Deepings	753

Source: Central Lincolnshire Local Plan 2012-2036 (adopted April 2017)
South East Lincolnshire Local Plan 2011-2036 (adopted March 2019)
East Lindsey Core Strategy 2016-2031 (adopted July 2018)
South Kesteven Local Plan 2011-2036 (adopted March 2019)

Park homes

Park homes or caravans are not considered as part of Local Plans. However, planning applications can be submitted for either permanent residential or holiday sites. Irrespective of the status of the sites there are particular issues in relation to meeting the health needs, including pharmaceutical needs of temporary or permanent residents. Planners will be asked to let the HWB know of development proposals for park home sites when these are submitted.

This is particularly pertinent on the coast in East Lindsey where there is a desire to promote tourism; caravans often housing 'holidaymakers' or seasonal workers for long periods of time. Working with the site owners, efforts are made to encourage residents to arrange for the required prescription medication in advance, before travelling. Inevitably, there are still demands placed on pharmaceutical services available locally.

Specialist housing for older and disabled people

According to the 2011 ONS Census there are 306,971 households in Lincolnshire that may be seen as vulnerable or disadvantaged according to a broad range of indicators.

Local development plans do not make specific allocations for the type and mix of housing but contain individual policies guiding the provision of housing to meet particular needs. For example, Policy LP10 in the Central Lincolnshire Local Plan requires that 30% of new homes on sites for 6 or more dwellings (or 4 or more dwellings in small villages) are built to the higher standard of accessibility for disabled people in building regulations than the basic standard.

Ultimately, however, planning applications and determinations themselves will provide specifics on anticipated household sizes and makeup. This level of additional details will, therefore, be factored into the monitoring of housing developments to help make planning for pharmaceutical services more accurate.

Extra care housing

There is a desire for more extra care housing units across Lincolnshire where demand exists, and support services can be maintained. Local Plans generally express support for developments that will bring forward extra care housing.

LCC has a support programme in place to provide funding to help make the creation of new extra care housing units viable for developers. To ensure that pharmaceutical and other health needs are accounted for, the HWB will be informed of all extra care housing development proposals. One specific scheme in the pipeline at the time of adopting this PNA is De Wint Court, Lincoln – comprising 70 units under construction. Schemes in other districts are in discussion.

Monitoring of housing developments and needs for pharmaceutical services

In addition to the growing and ageing population, the large-scale housing developments in progress can impact on the need for pharmaceutical services in their area in the future.

Many of the sustainable urban extensions (SUEs) and Growth Points will be seeking to provide new residents with the spectrum of health services from pharmacy and primary care in a new

model of care. Residents will be advised, when they move in, on the most appropriate health service to access for their needs.

The HWB needs to consider ways of monitoring the progress of planned housing developments in relation to need for pharmaceutical services.

Monitoring of housing developments

It is recommended that an update on the status of major housing developments in Lincolnshire is requested, submitted to the HWB and used to inform monitoring of need for pharmaceutical services before any subsequent PNA is published.

In addition to monitoring individual housing sites, it is necessary to monitor cumulative developments across several sites, i.e., if a number of smaller developments are built in an area, then future completions should be monitored by town, village or vicinity, as well as just by individual housing developments. This is particularly relevant where the ratio of pharmacies to people is already above or below average.

Effect of growth on a reserved location

A reserved location is an area within a controlled locality where the total of all patient lists for the area within a radius of 1.6km (1 mile measured in straight line) of the proposed premises or location is fewer than 2,750.

Should the population reach or exceed 2,750, the pharmacy, if already open, can apply to NHSE for a re-determination of reserved location status. If this status is removed then, subject to the prejudice test, the normal one-mile rule would apply (i.e., the doctors lose dispensing rights within a mile of the pharmacy).

Factors to consider in relation to needs for pharmaceutical services

The identification of a generic 'population trigger point' for when a housing development within a locality develops a need for a pharmaceutical service provider is complex and not clearly defined.

An increase in population size is likely to generate an increased need for pharmaceutical services. However, changes in population size on a local level are not necessarily directly proportional to changes in the number of pharmaceutical service providers that are required to meet local pharmaceutical needs, due to the range of other factors influencing such needs.

When assessing needs for pharmaceutical service providers, considerations should be based on a range of local factors specific to each development site such as:

- Average household size of new builds on the site.
- Demographics: People moving to new housing developments are often young and expanding families, but some housing developments are expected to have an older population with different needs for health and social care services.
- Tenure mix, i.e., the proportion of affordable housing at the development
- Existing pharmaceutical service provision in nearby areas and elsewhere in and out of the county and opportunities to optimise existing pharmaceutical service provision locally.
- Access to DSPs, and DACs that can supply services.
- Considerations of health inequalities and strategic priorities for Lincolnshire

2.2 Health and wellbeing

2.2.1 Life expectancy

Life expectancy is an estimate of the average number of years a new-born baby would survive if he or she experienced the age-specific mortality rates for specific area and time period throughout his or her life. Figures are calculated from deaths due to all causes and mid-year population estimates, based on data aggregated over a three-year period.

Healthy life expectancy is defined as the years a person can expect to live in good health (rather than with a disability or in poor health) and is a useful measure of mortality and morbidity. Healthy life expectancy is calculated from deaths due to all causes, mid-year population estimates, and self-reported general health status, based on data aggregated over a three-year period. Currently, healthy life expectancy data is not available at a district level.

PHE provides further analysis of both life expectancy and healthy life expectancy to reveal national inequalities based on 2019 IMD data.

Latest figures for 2017-2019 demonstrate that life expectancy at birth in Lincolnshire is 79.4 years for men and 82.9 years for women, while healthy life expectancy at birth in Lincolnshire is 61.8 years for both men and women.

Longer term trends for Lincolnshire reveal that both male and female life expectancies have increased slightly since 2009-11 (male 78.8 years, female 82.6 years), while healthy life expectancies have reduced to 64.4 years for men and to 65.2 years for women.

Between 2017 and 2019, the gap in male healthy life expectancy at birth in England was 18.4 years between the most deprived (52.3 years) and the least deprived deciles (70.7 years); while the gap was wider for female healthy life expectancy, at 19.8 years (51.4 years in the most deprived and 71.2 years in the least deprived). This analysis is not currently available at smaller geographies. (Source: Fingertips - Public Health data)

2.2.2 Prevalence of diseases and chronic conditions

Information for prevalence of diseases and chronic conditions was provided by the Quality and Outcomes Framework (QOF). QOF is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. Prevalence rates are calculated as the percentage of all registered patients within a GP practice who have been placed on a specific clinical register. All prevalence rates have been Red-Amber-Green rated, where red shows higher prevalence rates and green shows lower prevalence rates in Lincolnshire.

Table 8: National, and local comparison of QOF prevalence rates: 2020/21

Area	PCN	Cardiovascular				Respiratory		High dependency and long term conditions				Mental health and neurology				
		Coronary heart disease	Stroke	Atrial fibrillation	Heart failure	COPD	Asthma	Cancer	Chronic kidney disease	Diabetes	Palliative care	Dementia	Depression	Mental Health	Epilepsy	Learning disabilities
Lincolnshire East	Boston PCN	3.4	2.1	2.1	1.1	2.0	5.4	2.6	5.0	7.1	0.5	0.8	11.1	0.7	0.8	0.5
	East Lindsey PCN	4.7	2.7	3.3	1.4	2.3	8.2	4.5	7.6	8.4	0.9	1.0	12.4	0.8	1.0	0.8
	First Coastal PCN	6.5	3.6	3.9	2.1	4.7	8.4	5.1	10.3	12.2	1.0	1.2	13.7	1.0	1.2	1.0
	Solas PCN	3.8	2.1	2.6	0.9	2.0	7.1	3.9	5.6	7.2	0.9	1.1	11.9	0.7	0.8	0.5
Lincolnshire West	APEX PCN	3.9	2.1	2.3	1.0	2.2	7.0	3.7	6.9	7.4	0.7	1.0	17.6	0.9	0.9	0.8
	Imp PCN	3.5	2.0	2.4	1.2	2.0	7.4	3.8	6.1	7.0	0.5	0.8	14.1	1.1	0.9	0.6
	Marina PCN	1.4	0.7	0.9	0.5	1.1	4.4	1.4	2.0	3.6	0.4	0.3	10.9	1.1	0.6	0.4
	South Lincoln Healthcare PCN	4.5	2.6	3.0	1.6	2.4	7.6	4.7	6.8	9.4	0.4	1.0	15.3	0.6	0.9	0.5
	Trent Care PCN	4.4	2.4	2.5	1.1	2.7	7.7	4.1	8.6	8.4	0.5	1.1	15.5	1.1	1.1	0.7
Lincolnshire South	Four Counties PCN	3.6	2.3	2.8	1.5	1.7	7.5	4.3	6.4	6.6	0.6	1.0	12.8	0.7	0.8	0.4
	Market Deeping and Spalding PCN	4.7	2.9	3.4	1.9	2.9	7.6	4.6	7.6	9.3	0.9	1.0	12.2	0.7	1.0	0.9
	South Lincolnshire Rural PCN	3.6	2.1	2.5	1.8	2.0	6.7	4.1	7.5	7.3	0.3	0.9	13.0	0.6	0.8	0.6
Lincolnshire South West	Grantham and Rural PCN	3.9	2.0	2.6	1.7	2.0	6.6	4.0	6.3	7.5	0.5	0.8	14.9	0.7	0.8	0.5
	K2 Healthcare Sleaford PCN	4.2	2.4	3.0	1.4	2.3	7.0	4.5	7.9	8.1	0.7	0.9	10.2	0.8	1.0	0.6
Lincolnshire		**4.1**	**2.3**	**2.7**	**1.5**	**2.3**	**7.1**	**3.9**	**7.0**	**7.9**	**0.7**	**1.0**	**12.7**	**0.8**	**0.9**	**0.7**
England		**3.1**	**1.8**	**2.1**	**0.9**	**1.9**	**6.5**	**3.1**	**4.1**	**7.1**	**0.5**	**0.8**	**11.6**	**0.9**	**0.8**	**0.5**

Table 8 presents a summary of 2020/21 prevalence rates for Lincolnshire and 14 PCN areas, as well as national prevalence for broader benchmarking. The prevalence of specific health conditions is often dependent upon differences in diagnosis and treatment pathways between different GP surgeries. However, as a generalisation, areas with a greater proportion of older people and areas with higher deprivation have a higher rate of ill health. Prevalence of cardiovascular diseases in Lincolnshire exceed national rates, however

there is noticeable variation at a PCN level, with First Coastal PCN, East Lindsey PCN and Solas PCN having higher than average rates. PCN and district boundaries are presented in Figure 2 for cross-comparison. PCN areas are correct as of 31st December 2021.

2.2.3 Burden of disease

The Global Burden of Disease (GBD) was created in 1991, with the aim to produce measurable and comparable health outcome data across different conditions using units known as Disability Adjusted Life Years (DALYs). DALYs are calculated by adding together the number of years lost due to premature mortality (YLL) and the number of years lived with a disability (YLD), using a standard life expectancy age, in this instance derived from Japanese life expectancy.

Local authority data was introduced in 2017 and most recently updated in 2019. The burden of disease study was the focus of the 2019 Director of Public Health Annual report. The report revealed that whilst heart disease, cancers and pulmonary disease all contribute to high levels of YLL, conditions such as lower back and neck pain, mental health issues and Alzheimer's disease contribute to YLD and therefore to the overall burden of disease in Lincolnshire (see Figure 5 for the top 10 causes of years lived with disability in Lincolnshire).

Figure 5: Total YLDs in Lincolnshire (2019), by gender: Top 10 causes

MALES	FEMALES	PERSONS
1. LOW BACK PAIN	1. LOW BACK PAIN	1. LOW BACK PAIN
2. DIABETES MELLITUS	2. DIABETES MELLITUS	2. DIABETES MELLITUS
3. AGE-RELATED AND OTHER HEARING LOSS	3. DEPRESSIVE DISORDERS	3. DEPRESSIVE DISORDERS
4. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	4. OSTEOARTHRITIS	4. AGE-RELATED AND OTHER HEARING LOSS
5. DEPRESSIVE DISORDERS	5. AGE-RELATED AND OTHER HEARING LOSS	5. OSTEOARTHRITIS
6. FALLS	6. HEADACHE DISORDERS	6. FALLS
7. OSTEOARTHRITIS	7. FALLS	7. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
8. NECK PAIN	8. NECK PAIN	8. NECK PAIN
9. ORAL DISORDERS	9. GYNECOLOGICAL DISEASES	9. HEADACHE DISORDERS
10. OTHER MUSCULOSKELETAL DISORDERS	10. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	10. ORAL DISORDERS

2.2.4 Relevant health behaviours

Immunisations

Vaccination can offer protection from disease by helping to develop personal immunity against an infection. This means that a vaccinated person is less likely to pass on the infectious disease to others, reducing the risk of infection for unvaccinated people. In other words, people who cannot be vaccinated will still benefit from the vaccination programme, due to herd or population immunity. When enough people are vaccinated, herd immunity is achieved, and the levels of the circulating infection are reduced. To this end, routine immunisations against a wide range of infectious diseases take place in England, beginning shortly after birth with the childhood immunisation programme right through to older adults with vaccinations for conditions such as shingles and the annual influenza programme.

In 2020/21 the uptake of flu vaccination in Lincolnshire (age aged 65 and over) was 82.9% (n=150,200), which is comparable to the national rate of 80.9%. Furthermore, flu vaccination for at risk individuals aged 6 months to 64 years in Lincolnshire was 57.8% in 2020/21 (n=63,649), which was similar to the regional and national coverage.

In addition to routine vaccination programmes, the emergence of COVID-19 in late 2019 led to the development of a large-scale vaccination programme in the UK. The vaccination rollout began in December 2020 and there are currently three vaccines in use, Pfizer, Oxford AstraZeneca and Moderna. The Joint Committee on Vaccination and Immunisation (JCVI) advised that the vaccine should first be given to residents in a care home for older adults and their carers then to those over 80 years old, as well as frontline health and social care workers, then to the rest of the population in order of age and clinical risk factors. (Source: UK Government, UK COVID-19 vaccines delivery plan, January 2021)

In addition to routine vaccination programmes, during the pandemic a small number of pharmacies were commissioned to deliver the COVID-19 vaccination programme. This service was commissioned in the context of pandemic, and future delivery through community pharmacies is uncertain.

As of 1st August 2022, 85.3% of Lincolnshire residents received a first dose, 82.2% received a second dose and 68.7% had received either a third dose or booster. This is lower than the national uptake, where 93.4% received a first dose, 87.8% received a second dose and 69% had received either a third dose or booster. (Source: UK Government, COVID-19 Vaccinations)

Sexual health

Caused by the chlamydia trachomatis bacterium, chlamydia is the most commonly diagnosed sexually transmitted infection (STI) in the UK, affecting both men and women. Chlamydia detection rates exhibit considerable geographic variation by upper tier local authority. Nationally in 2020, the chlamydia detection rate was 1,408 per 100,000 resident aged 15-24 years, which has dropped significantly from 2,300 in 2019. Lincolnshire had the third lowest detection rate in the East Midlands region at 995 per 100,000. The chlamydia proportion of 15–24-year-olds screened in 2020 presents Lincolnshire (9.5%) as significantly worse than the national screening rate (14.3%) and implies the lowest screening rate in the East Midlands region.

In Lincolnshire sexual health screening services are available free-of-charge through 7 Lincolnshire Sexual Health (LiSH) Clinics (one in each district), online (i.e. free-of-charge, at-home testing kits), maternity services, most GP surgeries, A&E departments and hospitals.

Teenage conceptions

As of 2019, the under 18s conception rate in Lincolnshire of 14.0 per 1,000 females was similar to the national rate (15.7), but there was a variation between districts in the county. In 2019 Lincoln had the highest rate of under-18 conceptions (26.1) and had the second highest in the East Midlands region. West Lindsey had the lowest rate in the county (8.2) and was significantly lower than the national rate.

The under-18s conception rate per 1,000 females in Lincolnshire has reduced in recent years from 20.5 per 1,000 in 2016. This reduction was in line with decreases seen both regionally and nationally.

Substance misuse

Substance misuse is the risky or harmful use of alcohol and drugs, including both illegal drugs and misuse of over-the-counter medications.

Community alcohol and drug treatment services in Lincolnshire are provided by We Are With You (WAWY) and are available to people of any age. The service accommodates both alcohol and drug clients and provides a personal recovery plan, tailoring treatment to individual needs. This work tends to include brief talking therapies or more complex structured treatment and clinical services, such as opioid substitute medication or alcohol/substance detoxification.

Additionally, the service also provides a Needle and Syringe Programme (NSP) which aims to reduce the transmission of blood-borne viruses and infections such as HIV, and Hepatitis B and C, transmitted by sharing injection equipment. There are currently 17 pharmacies and 3 specialist sites across Lincolnshire.

Between 1st April 2020 and 31st March 2021, 3,126 adults and 93 young people (under 18) were in treatment in Lincolnshire for substance misuse. Among adults, 58.1% of adults were in treatment for opioids, 24.2% for alcohol only, 10.7% for non-opioids only, and 7.2% for alcohol and non-opioids only. Among children and young people, 88% stated cannabis as a substance they used, 38% stated alcohol, 29% stated ecstasy and 22% stated cocaine. (Source: National Drug Treatment Monitoring Service)

Section 3: NHS Pharmaceutical Services Provision

3.1 Community pharmacies

There are 117 community pharmacies and one DAC in Lincolnshire (as of 30th June 2022) serving a resident population of 766,300 (mid-2020) which equates to 15.4 pharmacies per 100,000 population. This is below 20.4 per 100,000 population, which is the average of community pharmacies in England in 2018/2019. (Source: NHS Digital, General Pharmaceutical Services)

The numbers of community pharmacies vary widely by district due to the mainly rural nature of Lincolnshire; some populations will find community pharmacies in neighbouring HWB areas more accessible and/or more convenient. Table 9 provides a breakdown, by district, of the average number of community pharmacies per 100,000 population. The geographical distribution of community pharmacies across Lincolnshire is presented in Figure 6 and Appendix 1

Table 9: Summary of community pharmacies in Lincolnshire, by district

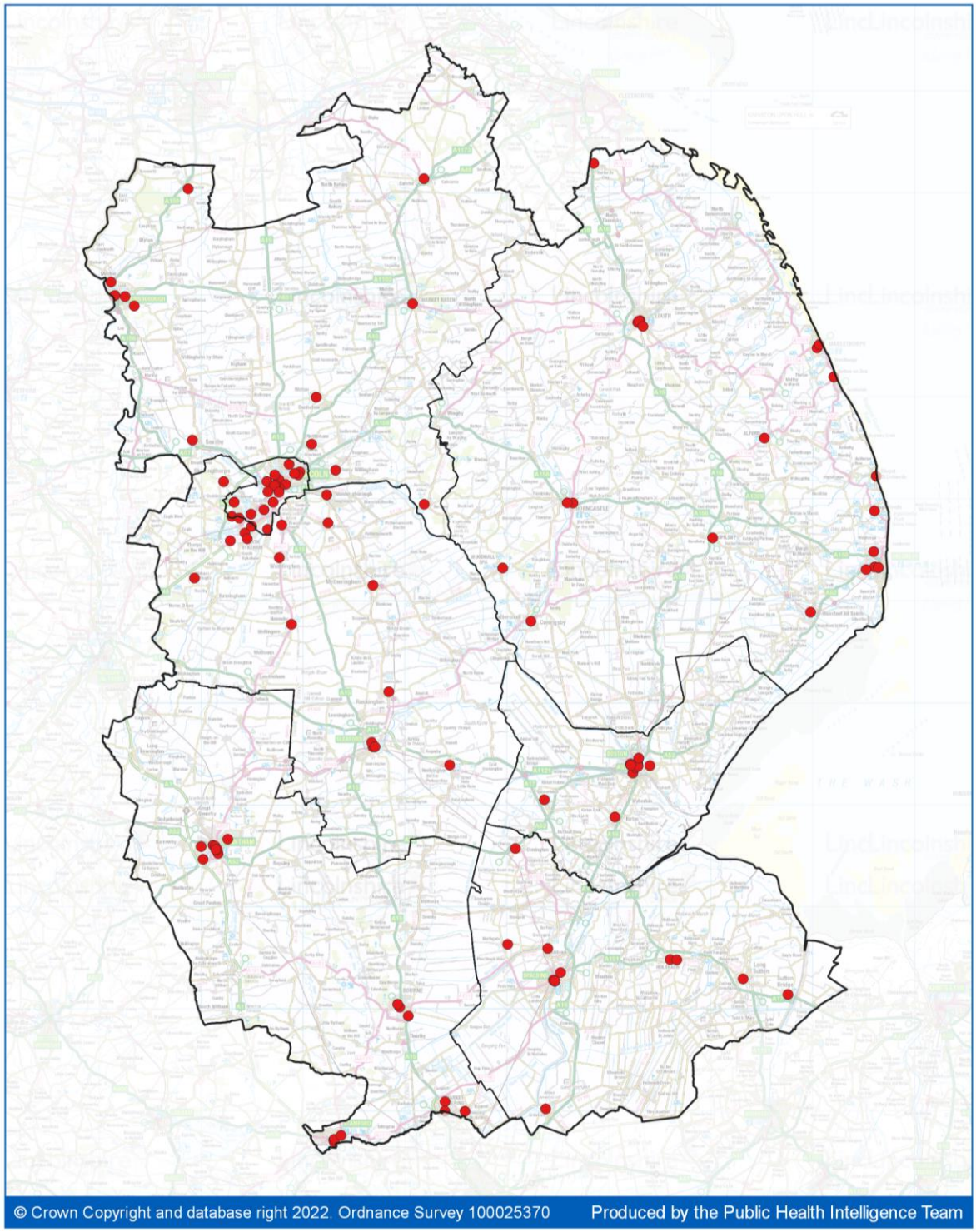
Area	Community pharmacies	Estimated population 2020	Community pharmacies per 100,000 population
Boston	10	70,800	14.1
East Lindsey	23	142,000	16.2
Lincoln	21	100,000	21.0
North Kesteven	19	118,100	16.1
South Holland	12	95,900	12.5
South Kesteven	19	143,200	13.3
West Lindsey	13	96,200	13.5
Lincolnshire	**117**	**766,300**	**15.3**
England	**11,539**	**56,550,100**	**20.4**

Source: NHSEI, 30th June 2022

Community pharmacies are usually open for a minimum of 40 core contractual hours (or 100 hours for those that have opened under the former exemption from the control of entry test). The core opening hours are specified and must not be amended without the consent of NHSEI. In addition, a community pharmacy can be open for additional hours, called supplementary opening hours. The supplementary opening hours can be amended by the pharmacy, subject to giving three months' notice (or less if NHSE consents).

There is also a provision which allows a pharmacy to apply to open for less than 40 hours, but if NHSE grants such an application, it can specify the opening hours during which the pharmacy must remain open. There are currently no such exemptions in Lincolnshire (Source: PSNC, Opening Hours).

Figure 6: Location of community pharmacies and distribution in Lincolnshire



Source: NHSEI, 30th June 2022

3.1.1 Summary of community pharmacy weekday opening hours

Table 10 indicates that of the 117 community pharmacies in Lincolnshire, 106 (90%) have standard NHS contracts (40+ contracted hours), while 11 (10%) have 100 hour contracts and therefore obliged to provide pharmaceutical services for at least 100 hours per week. As of 31st December 2021, there are 13 (12%) community pharmacy providers open beyond 7pm, Monday to Friday (excluding bank holidays), with three districts: Boston, South Holland and West Lindsay, having access to only one community pharmacy open in the evening.

Table 10: Summary (number and percentage of total in each district) of community pharmacy providers

Area	Open 40 hours		Open 100 hours		Open evenings	
	Number	%	Number	%	Number	%
Boston	9	90%	1	10%	1	10%
East Lindsey	23	96%	0	4%	1	8%
Lincoln	18	86%	3	14%	3	14%
North Kesteven	16	84%	3	16%	3	16%
South Holland	11	92%	1	8%	1	8%
South Kesteven	16	84%	3	16%	3	16%
West Lindsey	13	100%	0	0%	1	8%
Lincolnshire	**106**	**90%**	**11**	**10%**	**13**	**12%**

Source: NHSEI, 30th June 2022

The weekday opening times for all community pharmacies in Lincolnshire have been presented in Appendix 1.

3.1.2 Community pharmacies weekend opening hours

The number of community pharmacy providers open on weekends varies within each district and the figures are listed in Table 11.

Of the 117 community pharmacies in Lincolnshire, 97 (83%) are open on Saturdays with 58 (49%) open in the morning and early afternoon till 2pm, 27 (23%) open in the late afternoon till 6pm and 11 (9%) opening the evening till 10PM or longer.

The number, location and opening hours of community pharmacy providers open on Sundays vary significantly within each district. Fewer pharmacies are open on Sundays than any other day in Lincolnshire. Most pharmacies are open between 10:00 to 16:00 on Sundays.

The weekend opening times for all community pharmacies in Lincolnshire have been presented in Appendix 1.

Table 11: Summary (number in each district and percentage of total in HWB area) of community pharmacy providers open on weekends.

Area	Saturday		Sunday	
	Number	%	Number	%
Boston	8	7%	1	1%
East Lindsey	17	15%	2	2%
Lincoln	18	15%	5	4%
North Kesteven	16	14%	4	3%
South Holland	11	9%	2	2%
South Kesteven	17	15%	4	3%
West Lindsey	10	9%	2	2%
Lincolnshire	**97**	**83%**	**20**	**17%**

Source: NHSEI, 30th June 2022

3.1.3 Bank holiday opening hours

Community pharmacies are not obliged to open on nominated bank holidays. While many opt to close, several pharmacies (often those in regional shopping centres, retail parks, supermarkets and major high streets) opt to open – often for limited hours. Annually, NHSE requests feedback from community pharmacies on their bank holiday intentions. NHSE may commission a bank holiday rota service from a small number of pharmacies, particularly in some areas, for Easter Sunday and Christmas Day.

3.2 Access to community pharmacies

Most community pharmacy providers in the Lincolnshire HWB area are sited in areas co-located with shops, GP surgeries or other routine destinations; many also provide extended opening hours. As such they are highly convenient.

Due to the diverse geography and large rural nature of Lincolnshire, it is assumed that a large proportion of the population drives to access several amenities including pharmaceutical services.

There is a public transport network (bus service) in Lincolnshire; however, there are still parts of the county that have a limited service especially in rural areas. In view of this, LCC has a demand responsive service, CallConnect On Demand Bus Service that residents can access if necessary.

Figure 7 demonstrates the car travel time from any point in Lincolnshire to the nearest pharmacy within the county as well as those pharmacies within 10km of the Lincolnshire boundary. Some of the population may find that the nearest pharmacy is an out-of-area provider as highlighted on the map. Figure 8 demonstrates travel time by public transport to the nearest pharmacy within the county.

The white areas on the maps in Figures 7 and 8 represent areas of nature reserves or very sparsely populated rural locations that in most cases are adjacent to the border of Lincolnshire. People living in such areas are very likely to own a car and be able to access the closest pharmacy within 15-30 minutes or opt for alternative services, e.g. CallConnect or DSPs.

3.2.1 Routine daytime access to community pharmacies

Travel analysis to community pharmacies has been reviewed at 15 and 30-minute intervals to illustrate a potentially more realistic picture of access within Lincolnshire. Figure 7 illustrates the location of all community pharmacies in Lincolnshire as well as those within 10km of the Lincolnshire boundary, and highlights areas that can be travelled to within 15 to 30 minutes by car. Figure 7 implies almost complete drive time coverage of Lincolnshire, with 99.5% of the resident population being included within this coverage.

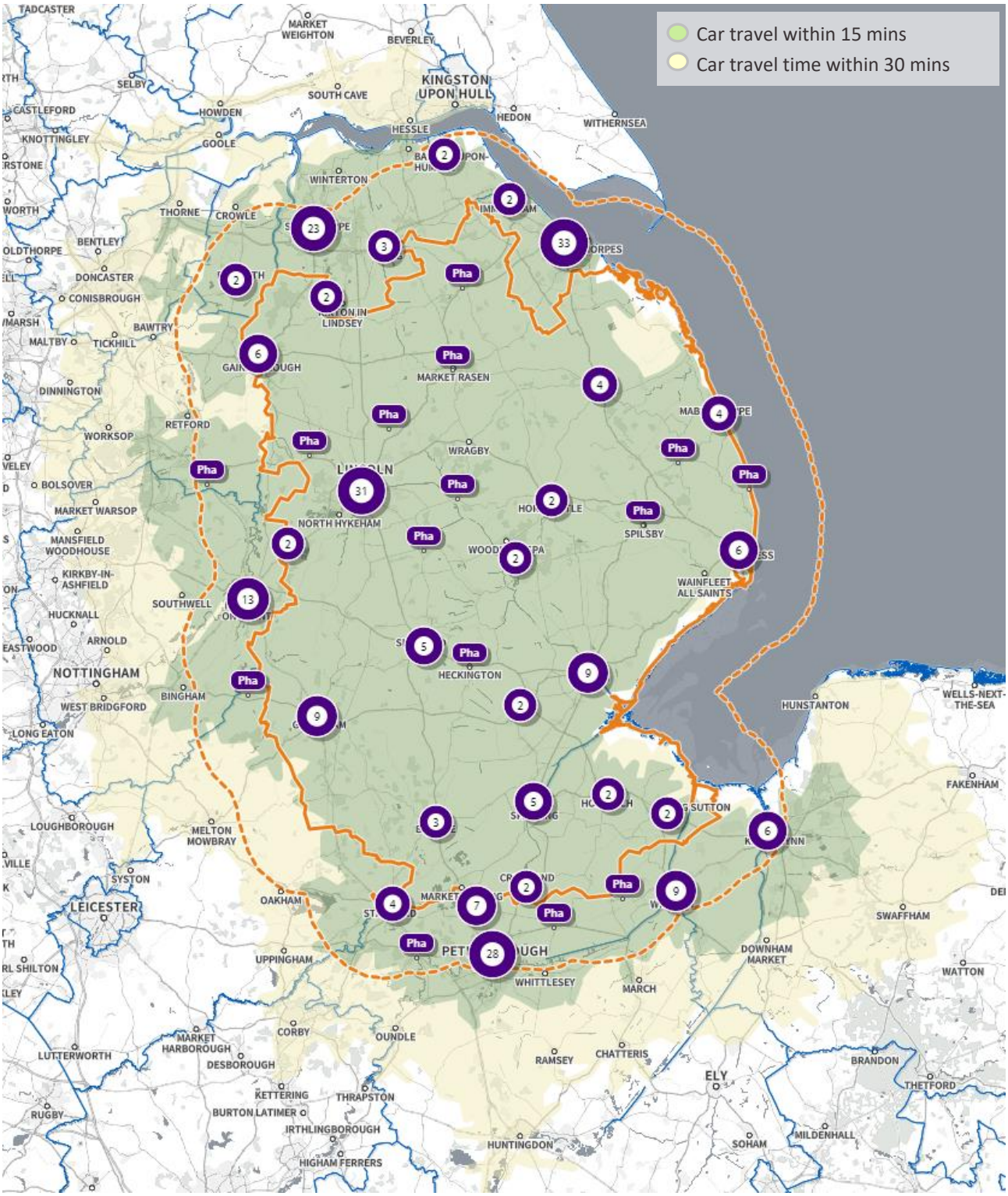
Table 12 summarises the resident population within the travel time boundary for all pharmacies (within 20 minutes), 100-hour pharmacies (within 30 minutes) and pharmacies that open on weekends (within 30 minutes). These numbers do not include people who live out-of-area and access Lincolnshire pharmacies, or people who are Lincolnshire residents and access out-of-area pharmacies.

Table 12: Percentage of resident population able to access community pharmacies within driving travel time boundaries

	Included population	Proportion of resident population
All pharmacies (Lincolnshire and OOA) within 20 minutes	765,036	99.8%
Lincolnshire 100 hour pharmacies within 30 minutes	635,863	83.0%
Lincolnshire weekend pharmacies within 30 minutes	759,958	99.2%

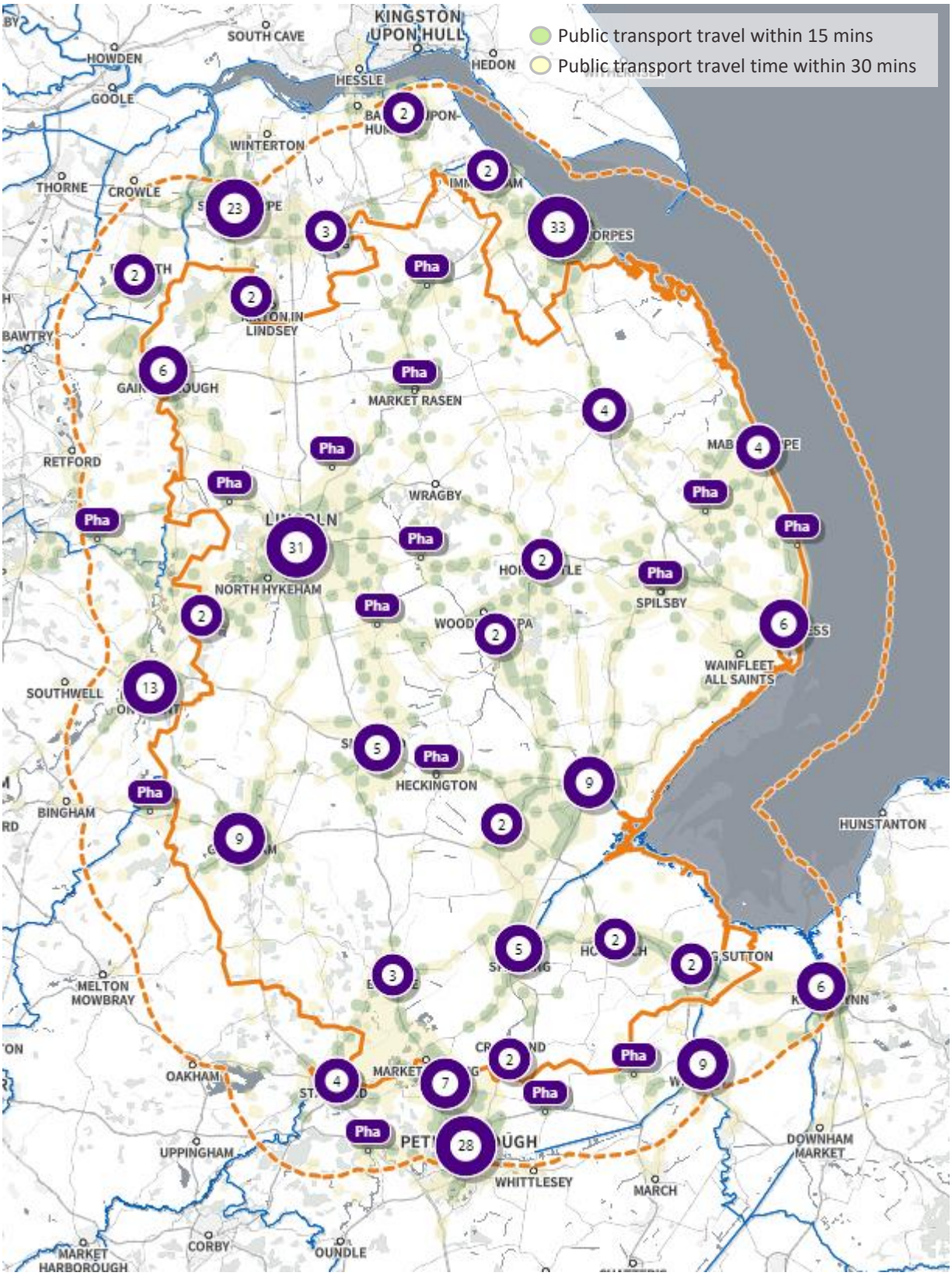
Source: OHID, SHAPE Place Atlas, 30th June 2022

Figure 7: Car journey travel time to Lincolnshire community pharmacies



Source: OHID, SHAPE Place Atlas, 30th June 2022

Figure 8: Public transport travel time to Lincolnshire community pharmacies

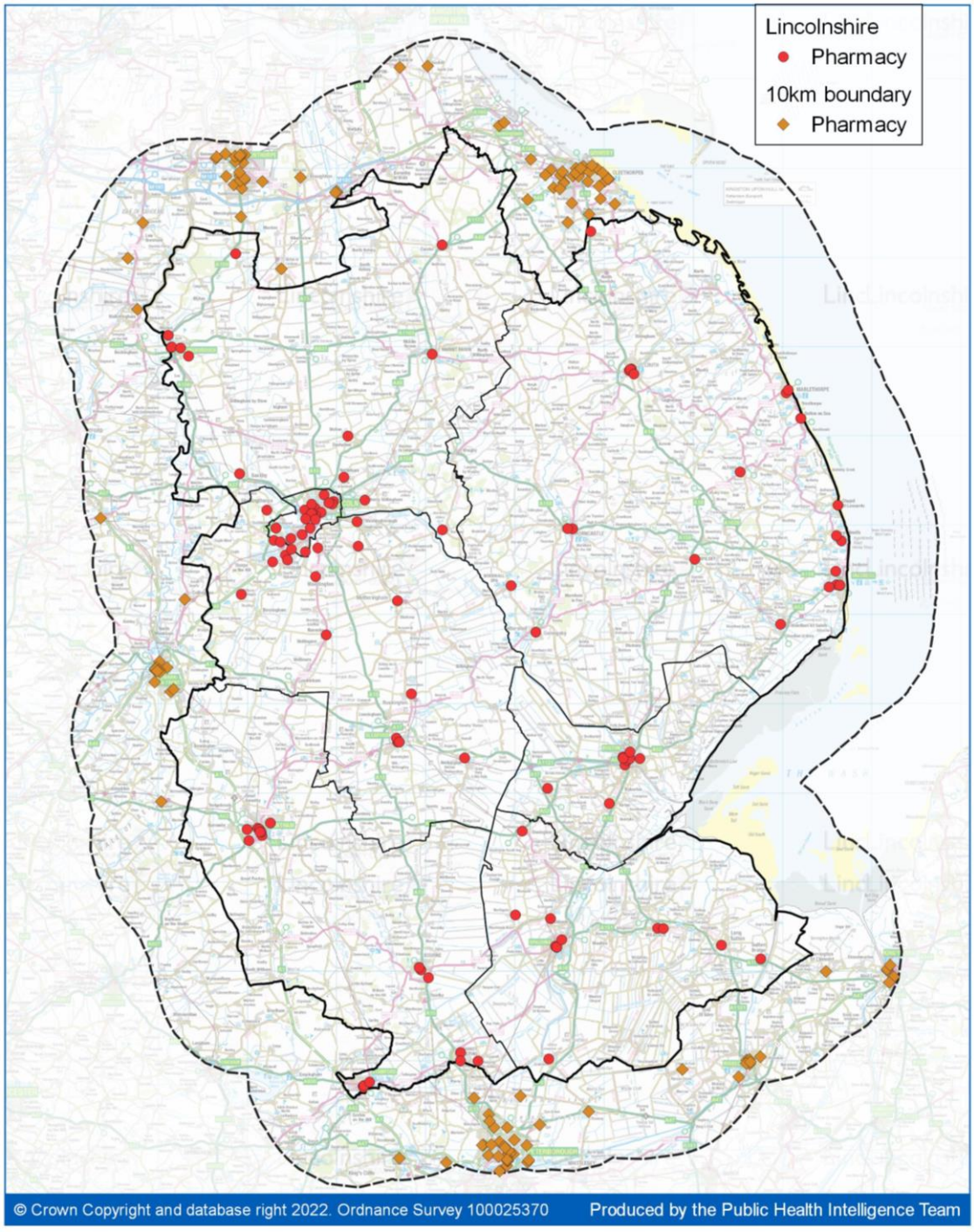


Source: OHID, SHAPE Place Atlas, 30th June 2022

3.2.2 Access to community pharmacies outside Lincolnshire

Lincolnshire is bordered by nine HWB areas, therefore it is possible that some of the population may access services outside the county. Figure 9 highlights all community pharmacies both within Lincolnshire and within a 10km perimeter surrounding Lincolnshire. This perimeter has been included, as these areas are more accessible by car to the population living close to the border of the county.

Figure 9: Community pharmacies in and around Lincolnshire (10km boundary)



Source: OHID, SHAPE Place Atlas, February 2022

3.2 Dispensing Appliance Contractors

Although there is only one DAC in Lincolnshire based in Lincoln, DAC services are available to the population from elsewhere in the UK, and appliances are also dispensed from community pharmacies and dispensing GP surgeries. There were 111 DACs in England in 2018/19. As part of the essential services of appliance contractors, a free delivery service must be available to the whole population of England. It is therefore likely that patients obtain appliances delivered from DACs outside Lincolnshire. (Source: NHS Digital, General Pharmaceutical Services in England 2008/09-2018/19)

3.3 Distance-selling pharmacies

A DSP provides services as per the Pharmaceutical Regulations, 2013. It must not provide Essential Services face-to-face and therefore provision is wholly by mail and/or internet order. As part of the terms of service for DSPs, all available services must be offered throughout England.

It is therefore likely that people in Lincolnshire receive pharmaceutical services from a DSP outside Lincolnshire. There are currently five DSPs in Lincolnshire, details of which can be found in Appendix 1.

Figures in 2018/19 indicate that in England there were 349 DSPs, accounting for 2.3% of the total number of pharmacies, and in the Midlands and East region there were 112 DSPs, accounting for 3.3% (Source: NHS Digital, General Pharmaceutical Services in England 2008/09-2018/19).

3.4 Essential Service provision from community pharmacies

Section 1.4.1 lists all Essential Services which are provided through community pharmacies as a matter of CPCF.

Appropriate provision of Essential Services through community pharmacies across Lincolnshire is vital in order to meet the areas of focus identified in JHWS. For instance:

- Dispensing Medicines and Repeat Dispensing are directly relevant to carers and people that they care for, as these services assure access to medicines and counselling used on both acute and chronic basis.
- Promotion of Health Lifestyles are directly relevant for maintenance of healthy weight and appropriate physical activity levels, as this service provides access to resources and professional advice regarding healthy and recommended choices for people of different needs and expectations.
- Signposting and Support for Self-Care are directly relevant to adults, children, and young people, as such services offer advice, access and referral to both pharmacological and non-pharmacological treatments.

Furthermore, appropriate provision of Essential Services is crucial in order to assure access to medicines and advice across all therapeutic groups and diseases that affect the people of Lincolnshire. Here, the public engagement survey indicated that the overwhelming majority of respondents access a community pharmacy to collect prescription medicine, highlighting the importance of essential services as key in order to meet their pharmaceutical needs.

Given the contractual requirement that all community pharmacies must provide Essential Services, it is reasonable to assume that all pharmacies across Lincolnshire provide these services throughout the normal course of business. Therefore, access to community pharmacies across Lincolnshire is assumed to be a measure for access to Essential Services in this PNA.

3.5 Advanced Service provision from community pharmacies

Section 1.4.1 lists all Advanced Services which may be provided under the community pharmacy contract with NHSE. As these services are discretionary, not all providers will provide them. Table 13 summarises data provided by NHSE on which Advanced Services are provided by community pharmacies in Lincolnshire. It is worth highlighting that NHSE data demonstrate contractor's activity rather than ability to provide the service; hence some of the NHSE data was supplemented with data gathered through pharmacy questionnaires (see Appendix 3 for more details). The NHSE data are accurate as of February 2022 and may therefore change by the publication date.

Table 13: Advanced Pharmaceutical Service provision in Lincolnshire

Advanced Service	Number	%
Appliance Use Reviews (AURs)	0	0%
Community Pharmacist Consultation Service (CPCS)	99	84%
Flu Vaccination Service	74	63%
Hepatitis C Testing Service	0	0%
New Medicine Service (NMS)	107	91%
Stoma Appliance Customisation (SAC)	8	7%

Source: NHSE, February 2022

The data indicate that the NMS, CPCS and Flu Vaccination Service are the most widely available Advanced Services through community pharmacies in Lincolnshire. Anecdotal evidence suggests that this is consistent with national and regional trends.

Table 14 presents the distribution of key Advanced Pharmaceutical Services across districts in Lincolnshire, indicating that Advanced Services are available across all the districts in Lincolnshire.

Table 14: Advanced Pharmaceutical Service provision in Lincolnshire, by District

Area	CPCS	Flu Vaccination	NMS	SAC
Boston	100.0%	60.0%	100.0%	20.0%
East Lindsey	66.7%	37.5%	87.5%	8.3%
Lincoln	95.0%	60.0%	90.0%	10.0%
North Kesteven	80.0%	85.0%	85.0%	5.0%
South Holland	75.0%	58.3%	91.7%	0.0%
South Kesteven	84.2%	68.4%	89.5%	5.3%
West Lindsey	100.0%	76.9%	100.0%	0.0%
Lincolnshire	**83.9%**	**62.7%**	**90.7%**	**6.8%**

Source: NHSE, February 2022

Analysis of responses from the community pharmacy contractor questionnaire suggested that there are three providers, based in East Lindsey (Holton-le-Clay, Sutton-on-Sea) and South Kesteven (Stamford), of the AUR service; and one provider based in South Kesteven (Stamford) of a Hepatitis C Testing Service in Lincolnshire. NHSE data indicated that 8 community pharmacies across Lincolnshire conduct an SAC Service. Even though the number of contractors providing all these services can be perceived as low, figures are comparable with national levels and reflect the low demand for such services across Lincolnshire and England. It is worth highlighting that AURs can be provided remotely as of September 2020; hence people of Lincolnshire who require this service can access it from any contractor (i.e., community pharmacy and DACs) in England. Additionally, Hepatitis C Testing Services in Lincolnshire are available through sexual health clinics across all districts in Lincolnshire.

Neither the NHSE data or the community pharmacy questionnaire accounted for the two most recently introduced Advanced Pharmaceutical Services, i.e., the Hypertension Case-Finding Service (commissioned in October 2021) and the Stop Smoking Advanced Service (due to be commissioned from March 2022). The questionnaire data were collected in July 2021, before these services were introduced.

At the time of writing, two pharmacies in Lincolnshire were reported to be providing the Hypertension Case-Finding Service with many more pharmacies anticipated to implement this service at some point in 2022. The delay in uptake of this service by pharmacy contractors is expected, as the Hypertension Case-Finding Service was introduced in the latter part of the year where pharmacy contractors experience numerous workload pressures, and the service requires specialist medical equipment that is not widely available.

The Stop Smoking Advanced Service is also expected to be implemented gradually by many community pharmacies throughout the 2022 and supplement the local SCS service. Introduction of this service will particularly benefit people living in the districts of East Lindsey, South Holland, West Lindsey, South Kesteven and North Kesteven, this is due to high prevalence rates of respiratory conditions. The Stop Smoking Advanced Service is unlikely to replace the locally commissioned Smoking Cessation Service and other smoking cessation services outside of a pharmacy, as it focuses on secondary care-referred smokers only.

3.6 Enhanced Service provision

3.6.1 Extended opening hours

NHSE commissions extended opening hours for pharmacies in Louth as an Enhanced Service. Currently four pharmacies in Louth are commissioned.

3.6.2 Palliative Care Drug Stockists' Scheme

As of December 2021, 15 pharmacies (13%) across Lincolnshire are signed up for the scheme: 1 in Boston, 3 in East Lindsey, 3 in Lincoln, 2 in North Kesteven, 2 in South Holland, 3 in South Kesteven, and 1 in West Lindsey. This service was commissioned in Lincolnshire during the COVID-19 pandemic, to support access to palliative care medication due to increased demand. It is unclear whether the service will still be commissioned by the time this PNA is published.

3.6.3 Extended Care Service

As of December 2021, 79 (67%) community pharmacies across Lincolnshire offer Extended Care Service. Here, 21 offer tier 1 services only (i.e., supply of antibacterial treatment for simple urinary tract infections), while 58 offer both tier 1 and tier 2a services (i.e., supply of antibacterial treatments for infected eczema, infected insect bites and/or impetigo). Extended Care Services are offered evenly across all districts of Lincolnshire: 10 in Boston, 13 in East Lindsey, 18 in Lincoln, 15 in North Kesteven, 8 in South Holland, 9 in South Kesteven, and 6 in West Lindsey. It is unclear whether these services will still be commissioned by the time this PNA is published.

3.6.4 COVID-19 Vaccination programme

In December 2020 NHSE begin to commission the administration of COVID-19 vaccinations from community pharmacies, as an additional strand in the effort to tackle the pandemic. Commissioning of COVID-19 vaccination in community pharmacies aimed primarily at improving access to vaccination in communities with otherwise limited access.

As of February 2022, there were eight pharmacies delivering COVID-19 vaccinations from nine community sites across Lincolnshire (see Appendix 1 for details). It is unclear whether the service will still be commissioned by the time this PNA is published.

Section 4: Additional Pharmaceutical Provision

Community pharmacies and GP practices provide a range of other services. These are not considered 'pharmaceutical services' under the Pharmaceutical Regulations 2013 and may be either free-of-charge, privately funded or commissioned by the local authority (see Section 1.4.1). Both community pharmacy and dispensing GP questionnaires included questions around such Additional Pharmaceutical Provision in order to better depict the variety of pharmaceutical services available in Lincolnshire (see Appendix 3 for details).

4.1.1 Dispensing GP surgeries

In addition to the community pharmacy contractor questionnaire, dispensing GP surgeries were consulted about the services they provided. Of the 59 dispensing GP surgeries in Lincolnshire, 40 completed the questionnaire, a response rate of 67.8%. It should be noted that these findings are representative of the surgeries that responded to questionnaire and not for all dispensing GP surgeries in Lincolnshire.

4.1.2 GP opening hours

The GP contractor questionnaire provided up to date information around GP opening hours, for both the surgery and the dispensary. It should be noted that there are differences in opening times for both. For the purpose of this PNA, dispensary opening hours have been summarised.

Of the 40 GPs that completed the questionnaire, more than half (52.5%) of dispensaries are open for 50 or more hours a week, 45% are open between 40 and 50 hours a week and 2.5% are open for less than 40 hours per week.

During lunchtimes 21 out of 40 dispensing practices indicated that they are open or offer various alternative arrangements for patients to access medication, e.g., trained receptionists or a dispensing machine.

4.1.3 Dispensing services

Most respondents indicated that the dispensing facilities within the GP surgeries in Lincolnshire participate and comply with the Dispensary Services Quality Scheme (DSQS).

The GP contractor questionnaire asked GPs approximately what percentage of patients access the dispensary. 36 practices stated that patients access the dispensary, however uptake of this service does vary across practices. 14 out of 40 practices stated that more than 50% of patients access the dispensary, and 9 practices have over 90% of patients accessing the dispensary. 4 practices (10% of respondents) preferred not to disclose.

Section 5: Public engagement of pharmaceutical services

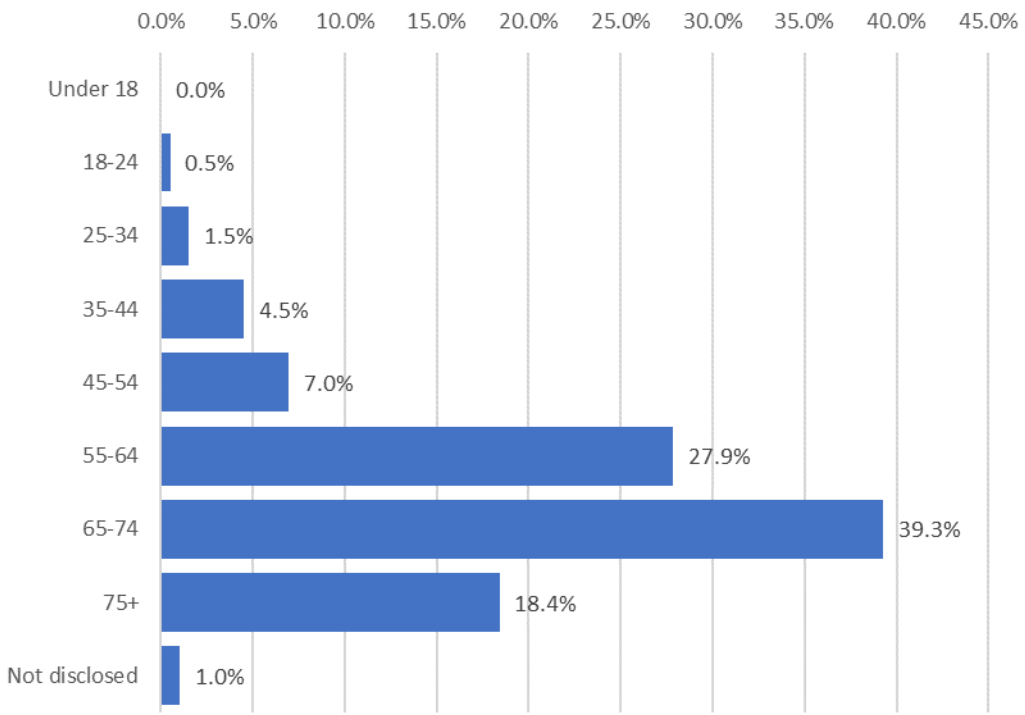
Healthwatch Lincolnshire carried out a public engagement survey in July and August 2021 to identify public perception of pharmaceutical services in Lincolnshire. Analysis from Healthwatch Lincolnshire revealed there were 203 respondents to the survey, and the results contain both quantitative and qualitative data. Our public engagement was representative of the Lincolnshire population to within a 7% margin of error with 95% confidence.

5.1 Demographics

Figure 10 demonstrates that of the 203 respondents to the public engagement survey, 85.6% reported their age as over 55 years and 13.4% as under 55 years, while 1% chose not to disclose their age.

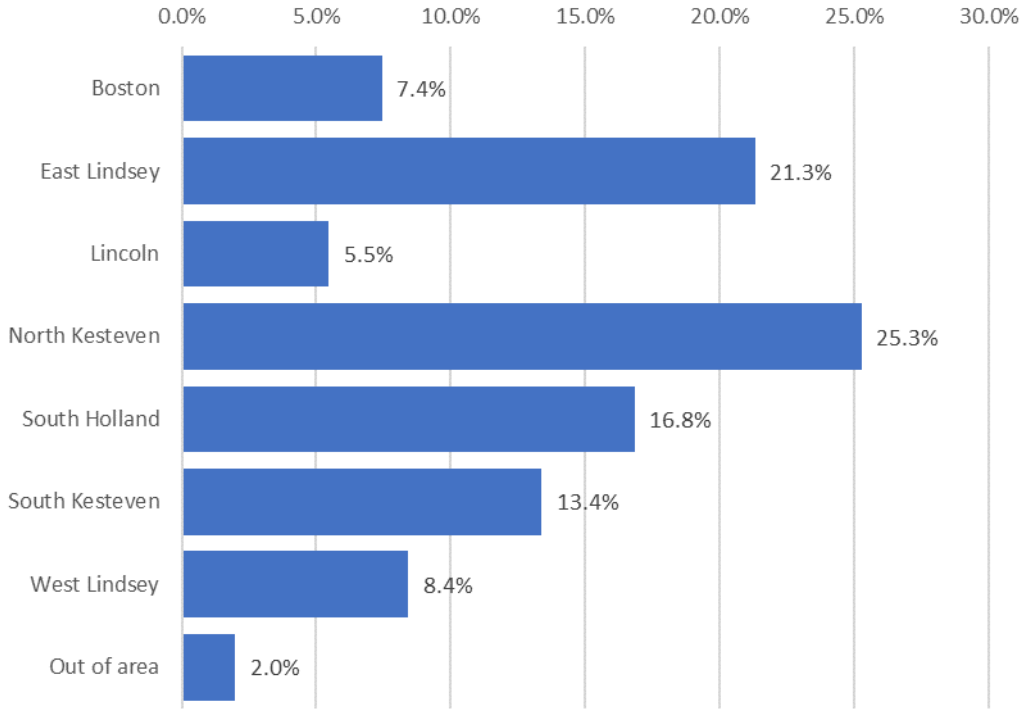
Additionally, 73.6% of respondents were female, and 26.4% were male; 25.4% of respondents consider themselves to be carers, and 76.6% consider themselves to have a disability or long-term health condition.

Figure 10: Age profile of respondents



Location of respondents varied across the county. Figure 11 indicates that North Kesteven (25.2%) and East Lindsey (21.3%) had the highest proportion of respondents, while Lincoln (5.5%) and Boston (7.4%) had the lowest proportion of respondents. There were four out of area respondents, who live in Cambridgeshire, North East Lincolnshire, North Northamptonshire and North Lincolnshire.

Figure 11: Location of respondents



5.2 Access

When asked how easy it was to access a local pharmacy, 80.8% of respondents felt it was easy or very easy to access, while 7.6% felt it was difficult or very difficult, and 11.6% felt it was neither easy nor difficult.

When asked the reason for visiting the local pharmacy, the majority (91.0%) of respondents stated it was for their prescription, 5.5% required over-the-counter items, 2.5% required minor ailment advice/treatment, and 1% required a flu jab.

5.3 Satisfaction

When asked how satisfied they were with the time it took to provide them with the required service, 76.7% of respondents were fairly or fully satisfied, 18.3% were not satisfied, and 5% where neither satisfied nor dissatisfied.

When asked, 78% of respondents felt that they could ask for confidential advice at their local pharmacy.

When asked about overall satisfaction of the staff, environment and service provided, 82.7% of respondents felt the service was good, very good or excellent, while 17.3% felt it was poor or very poor.

Section 6: Assessment of Pharmaceutical Services and Needs

6.1 Number of pharmaceutical contractors

The number of pharmacies in Lincolnshire (15.4/100,000) is lower that the England average (20.4/100,000). However, contractor and public engagement suggested that most respondents are satisfied with the number and services received from pharmaceutical contractors in Lincolnshire.

The distribution of pharmacies aligns to the population size of the Districts; the more populous Districts of South Kesteven, East Lindsey, and North Kesteven have the highest number of community pharmacies. Lincoln has a concentration of community pharmacies which is consistent with the national picture where there is greater availability of services and facilities in larger urban areas. In addition to community pharmacies, many GPs offer a dispensing service in Lincolnshire.

6.2 Access to pharmaceutical contractors

Travel time analysis illustrates that most Lincolnshire residents can access a community pharmacy by car or public transport within 30 minutes. Urban areas have more pharmacies than rural areas; however, dispensing GP surgeries supplement access in rural areas. There are multiple pharmacies located just over the Lincolnshire border in neighbouring counties.

6.3 Provision of Essential and Enhanced Services from community pharmacies

Essential Services are negotiated nationally and must be provided by all pharmacies. The number and distribution of contractors is appropriate and will likely remain so for the next 3 years. We intend to keep the PNA updated though regular reviews and to issue supplementary statements when required in the future.

Enhanced Services are used to supplement Essential Services on an often temporary or ad hoc basis. Provision across Lincolnshire is sufficient as present and will be reviewed as required in the future.

6.4 Provision of Advanced Services from community pharmacies

Advanced Services are negotiated nationally and may be provided by any contractor so long as they meet the requirements of the regulations and service specification associated with each service.

- NMS is widely available through community pharmacies across all districts of Lincolnshire. Historically, NMS covered among other conditions, diabetes mellitus, second highest cause of YLD in Lincolnshire; as well as asthma, and COPD the prevalence of which in Lincolnshire is higher than the England average. Since the extension of conditions covered by the service in September 2021, NMS addresses Lincolnshire health needs more appropriately. For instance, greater variety of cardiovascular disorders and neurological disorders such as epilepsy are now covered by the service, which are directly relevant to the health needs across Lincolnshire (Table 8).

- CPCS is widely available through community pharmacies across all districts of Lincolnshire. Historically, both CPCS and its pilot version NUMSAS covered a variety of therapeutic areas as it addressed urgent care, and frequently out-of-hour referrals involving professional advice, supply of appropriate medication, help with finding medication for the patient during out-of-hour periods, and signposting. Since the extension of the service in November 2020, now additionally involving referrals from GPs for minor illness, CPCS holds the potential to prioritise and therefore improve access to GP surgeries for people that require the attention of a doctor/prescriber. This is because more patients presenting with minor illness will be seen by pharmacists rather than GPs. Clinical evidence suggests that rollout of GP extension to the service has been slow thus far, although there are practices in Lincolnshire that have adapted as of December 2021; hence CPCS will gain further importance for the people of Lincolnshire throughout the life of this PNA.
- Flu vaccination service is widely available through community pharmacies across all districts of Lincolnshire. High numbers of older adults with disability and rapidly growing population of carers and people requiring care in Lincolnshire mean that there is a growing demand for the availability of this service.
- Both the C-19 Lateral Flow Device Distribution Service and Pandemic Delivery Service were widely available through community pharmacies across all districts of Lincolnshire. Community pharmacies adapted and implemented such services quickly and widely across Lincolnshire, demonstrating that utilisation of community pharmacies as providers of healthcare is an effective and efficient strategy to manage aspects of healthcare during pandemic.
- Given the low demand for AURs, SACs and Hepatitis C testing services across Lincolnshire and ability to access such services from other healthcare stakeholders or out-of-area community pharmacies, the access to and provision of these services is appropriate.
- The Hypertension Case-finding Service and Stop Smoking Service have only recently been introduced. Access to these services is expected to increase across Lincolnshire in the next few years.

Section 7: Statements of PNA

7.1 Necessary services: current provision

7.1.1 Number and distribution of community pharmacies across Lincolnshire

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the number and the geographical distribution of community pharmacies that are available to the people of Lincolnshire meet their current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to community pharmacy premises in Lincolnshire.

7.1.2 Provision of necessary services across Lincolnshire

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of all necessary services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current need for the provision of additional access to necessary services through community pharmacy premises in Lincolnshire.

7.1.3 Future provision of necessary services

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding the provision of the necessary services through community pharmacies across Lincolnshire meets the future health needs and demand for access and choice. Therefore, there will be no need for additional provision of access to necessary services in the next three to four years in Lincolnshire.

7.2 Necessary services: gaps in provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify any gaps in the provision of necessary services through community pharmacies. Therefore, there is no current or future need for improved access to necessary services within existing community pharmacies in any District of Lincolnshire.

7.3 Other relevant services: current provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence regarding both the level and the geographical distribution of the provision of the Advanced and Enhanced Services through community pharmacies across Lincolnshire meet the current health needs and demand for access and choice. Therefore, there is no current or future need for the provision of additional access to these services in Lincolnshire.

7.4 Improvements and better access: gaps in provision

The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify of any gaps regarding provision of Advanced and Enhanced Services through community pharmacies. Therefore, there is no current or future need for improved access to these services within existing community pharmacies in any District of Lincolnshire.

7.5 Other NHS Services

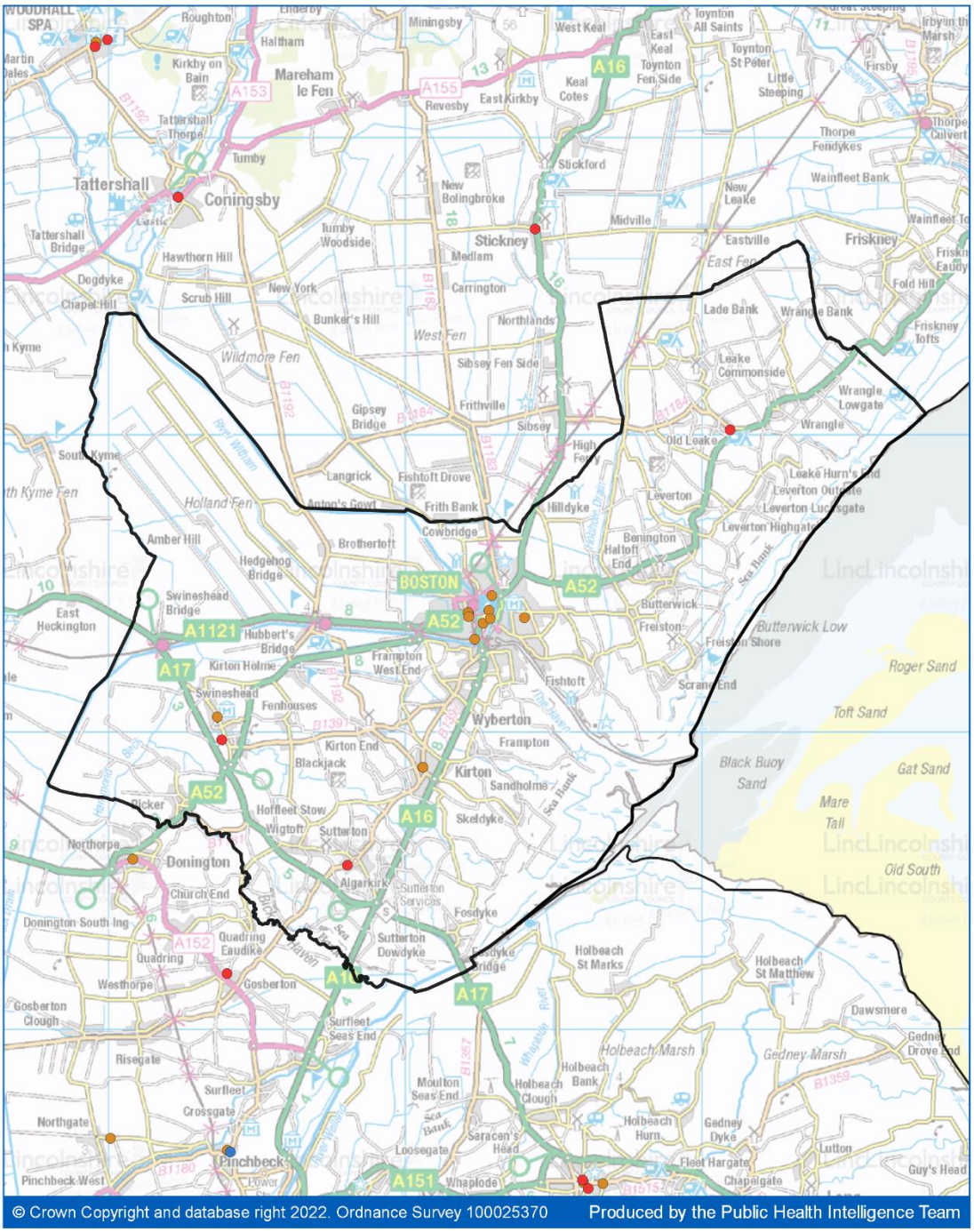
The Lincolnshire Health and Wellbeing Board is satisfied that the existing evidence does not identify any current or future gaps in the provision of and access to pharmaceutical services across Lincolnshire due to other NHS services that are considered to increase and/or decrease the demand for such services.

List of Appendices

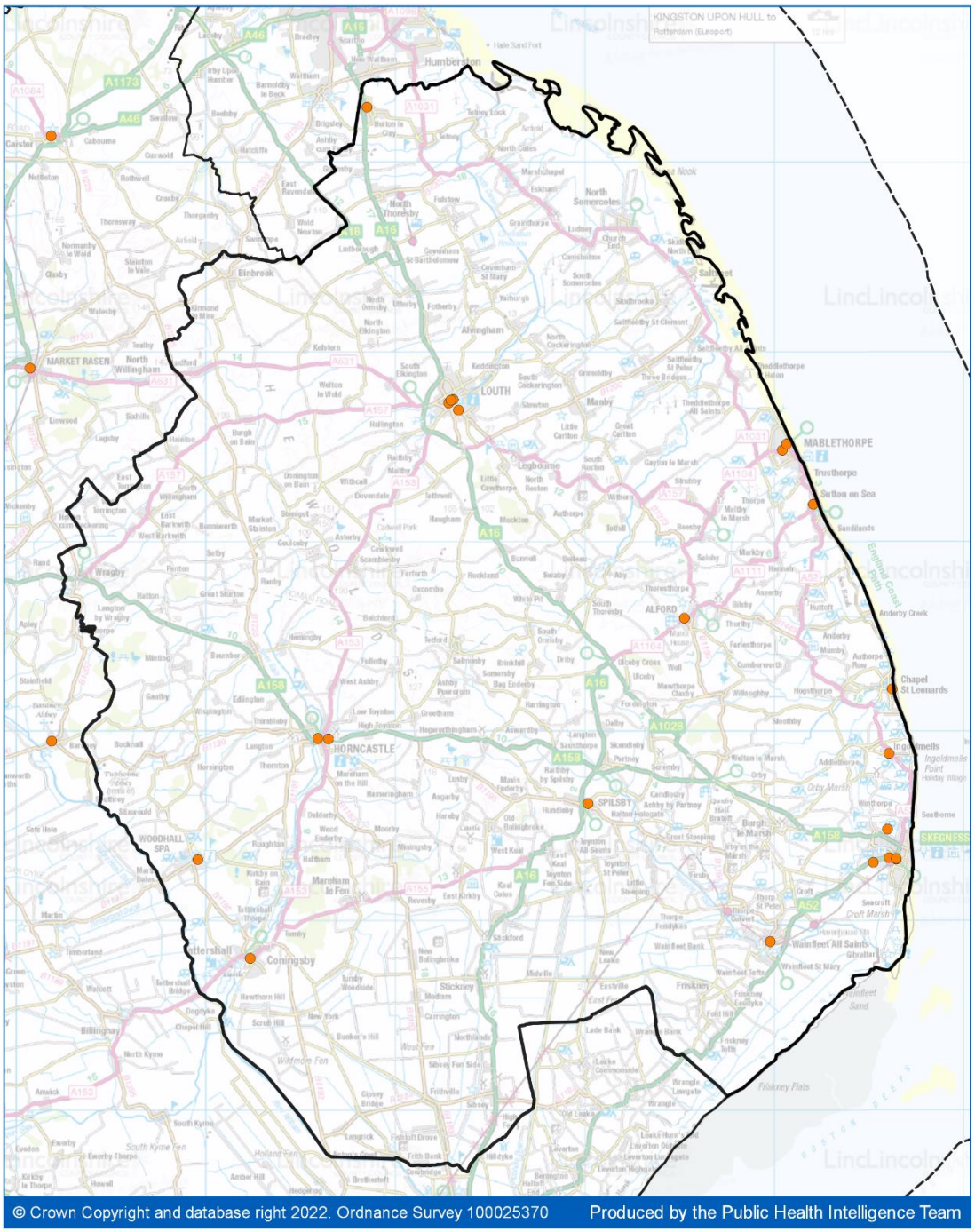
1. Maps with distribution of contractors at district level; breakdown of contractors per district, with opening hours, and services they provide; list of other relevant NHS providers
2. Terms of reference and composition of the Steering Group
3. Questionnaire templates (community pharmacy, GP, public engagement); summary of data collated from pharmacy and GP questionnaires; summary of Locally Commissioned Services available in Lincolnshire pharmacies.

Appendix 1

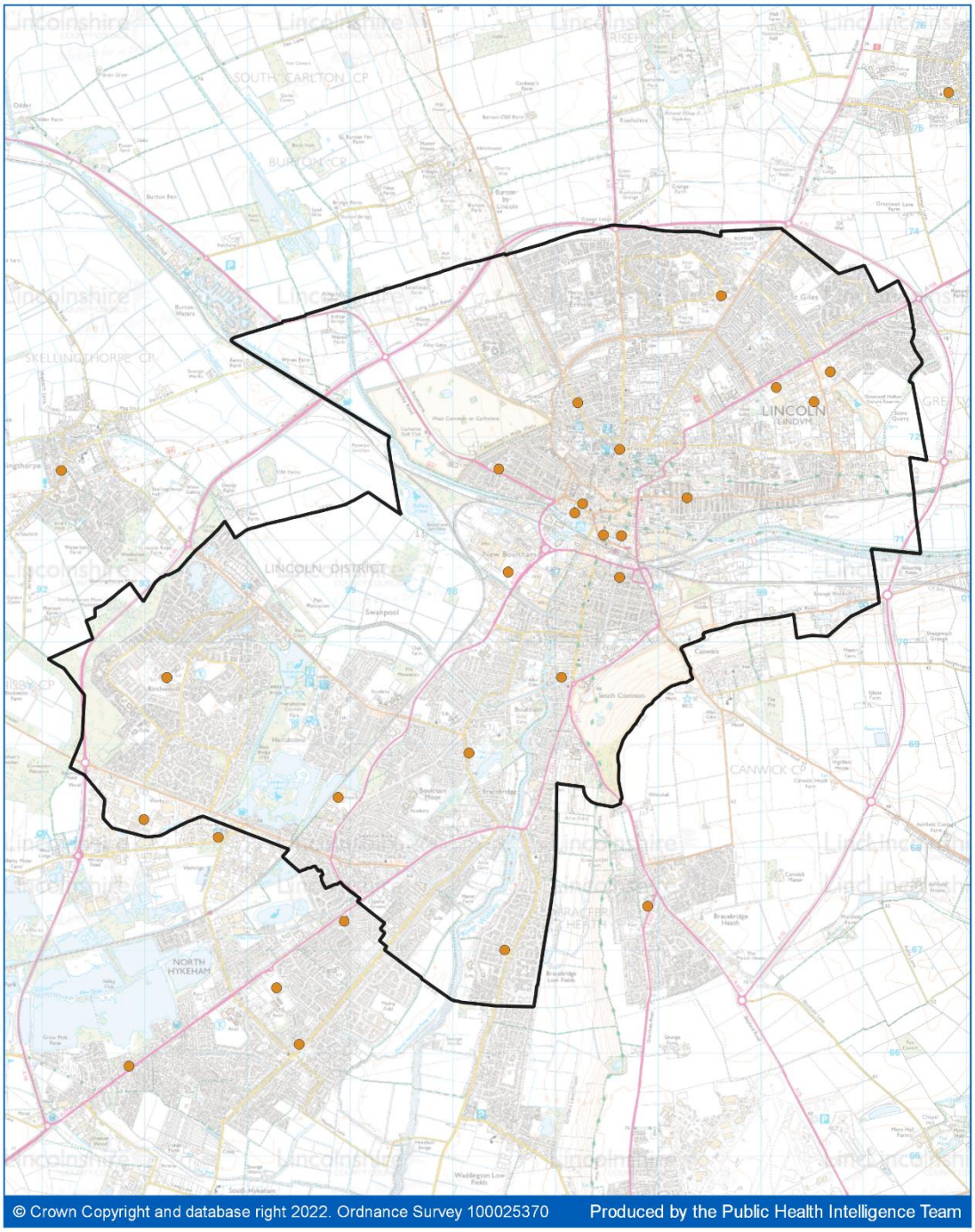
Community pharmacies and dispensing GP contractors in Boston District



Community pharmacies and dispensing GP contractors in East Lindsey District



Community pharmacies and dispensing GP contractors in Lincoln District



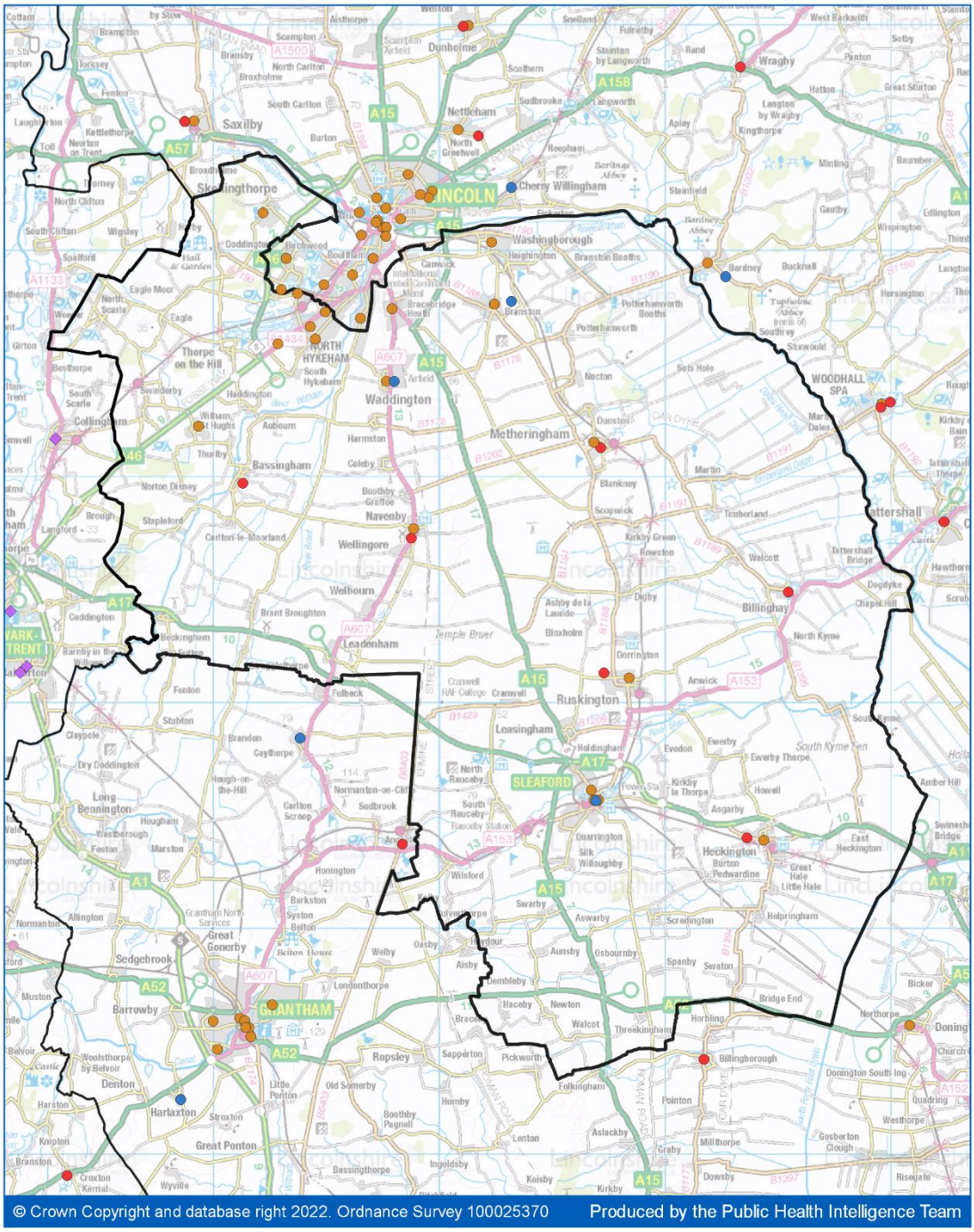
Key

Lincolnshire
- Pharmacy
- Dispensing GP
- Dispensing branch

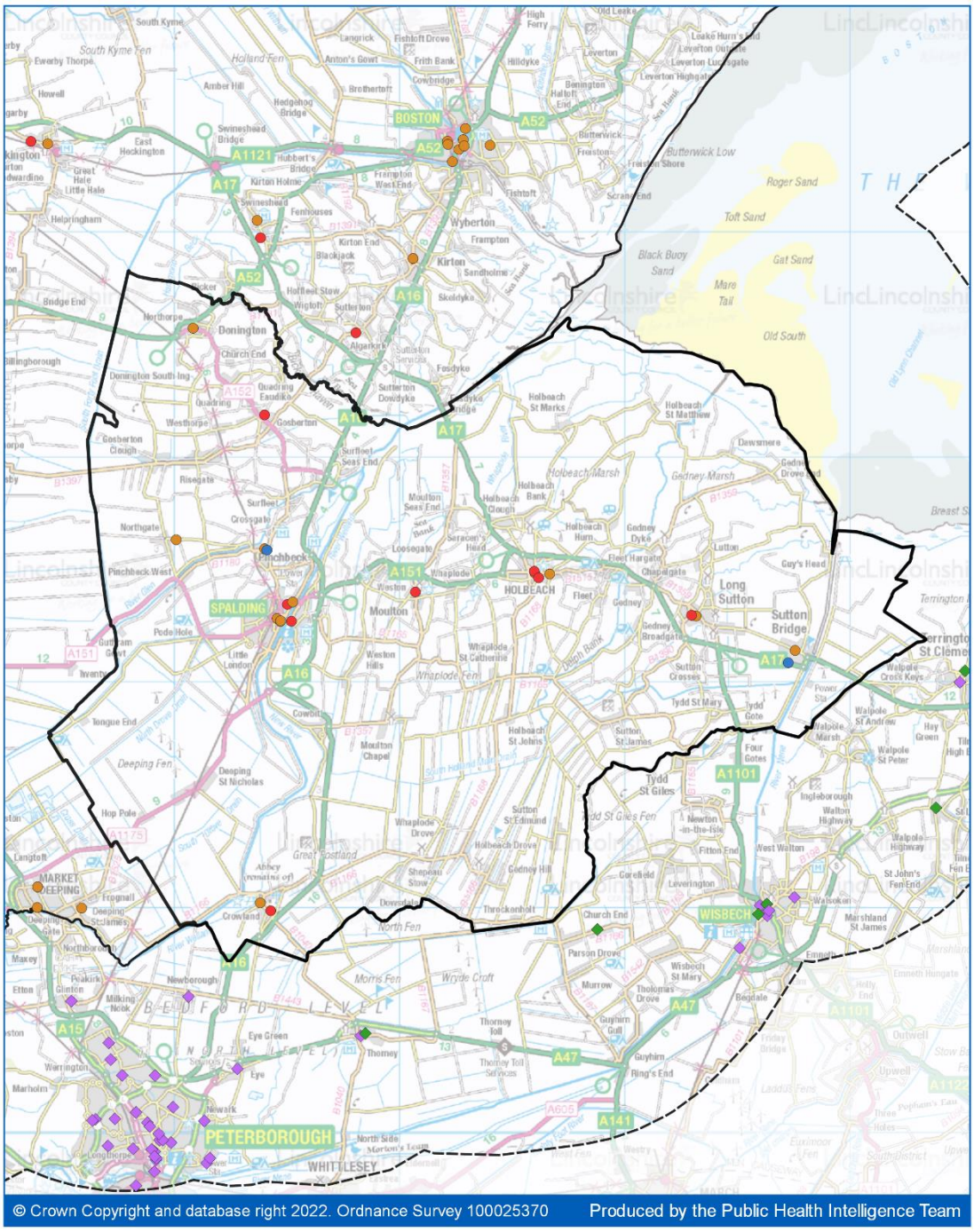
10km boundary
- Pharmacy
- Dispensing GP

District
- District
- 10km boundary

Community pharmacies and dispensing GP contractors in North Kesteven District



Community pharmacies and dispensing GP contractors in South Holland District



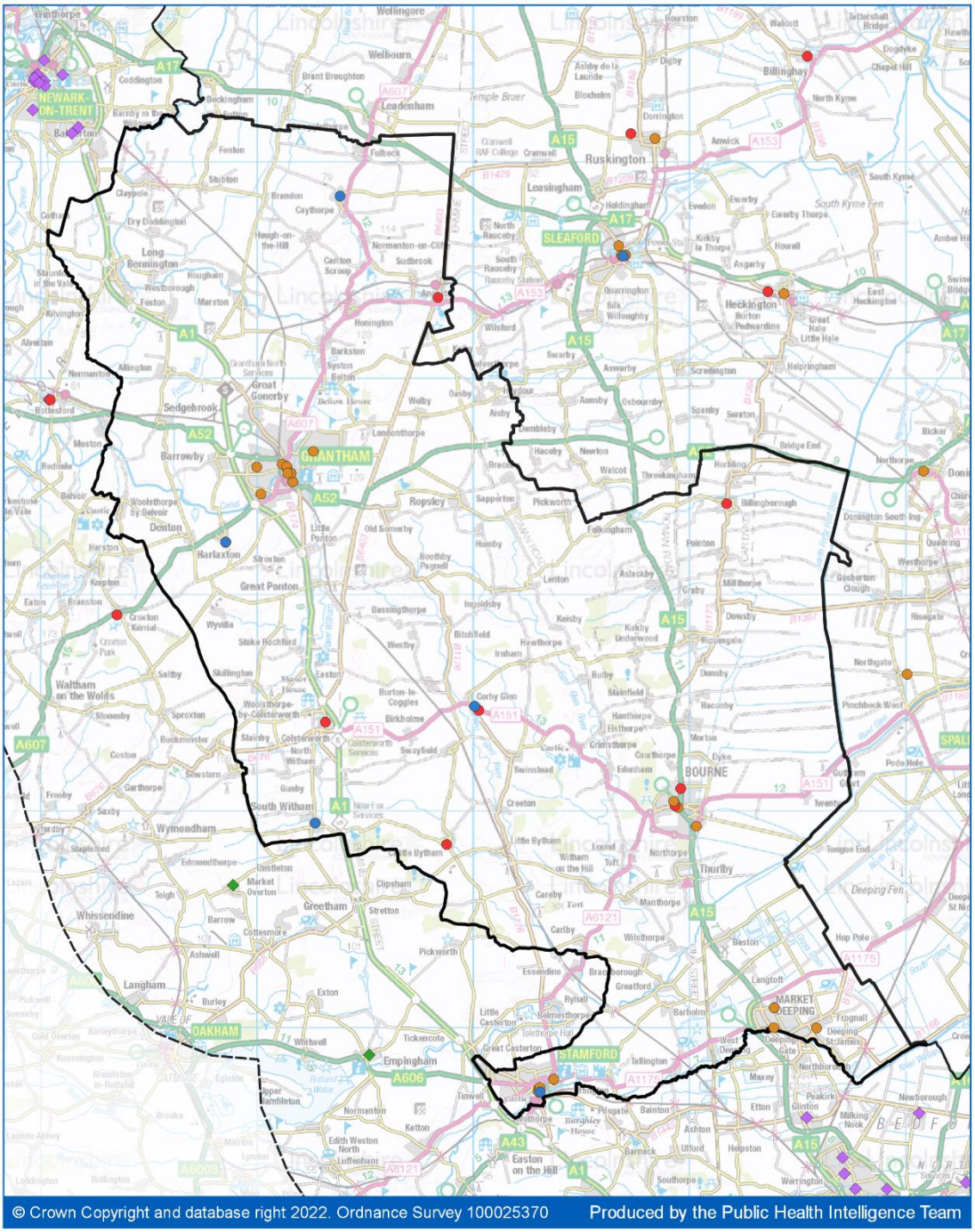
Key

Lincolnshire
- Pharmacy
- Dispensing GP
- Dispensing branch

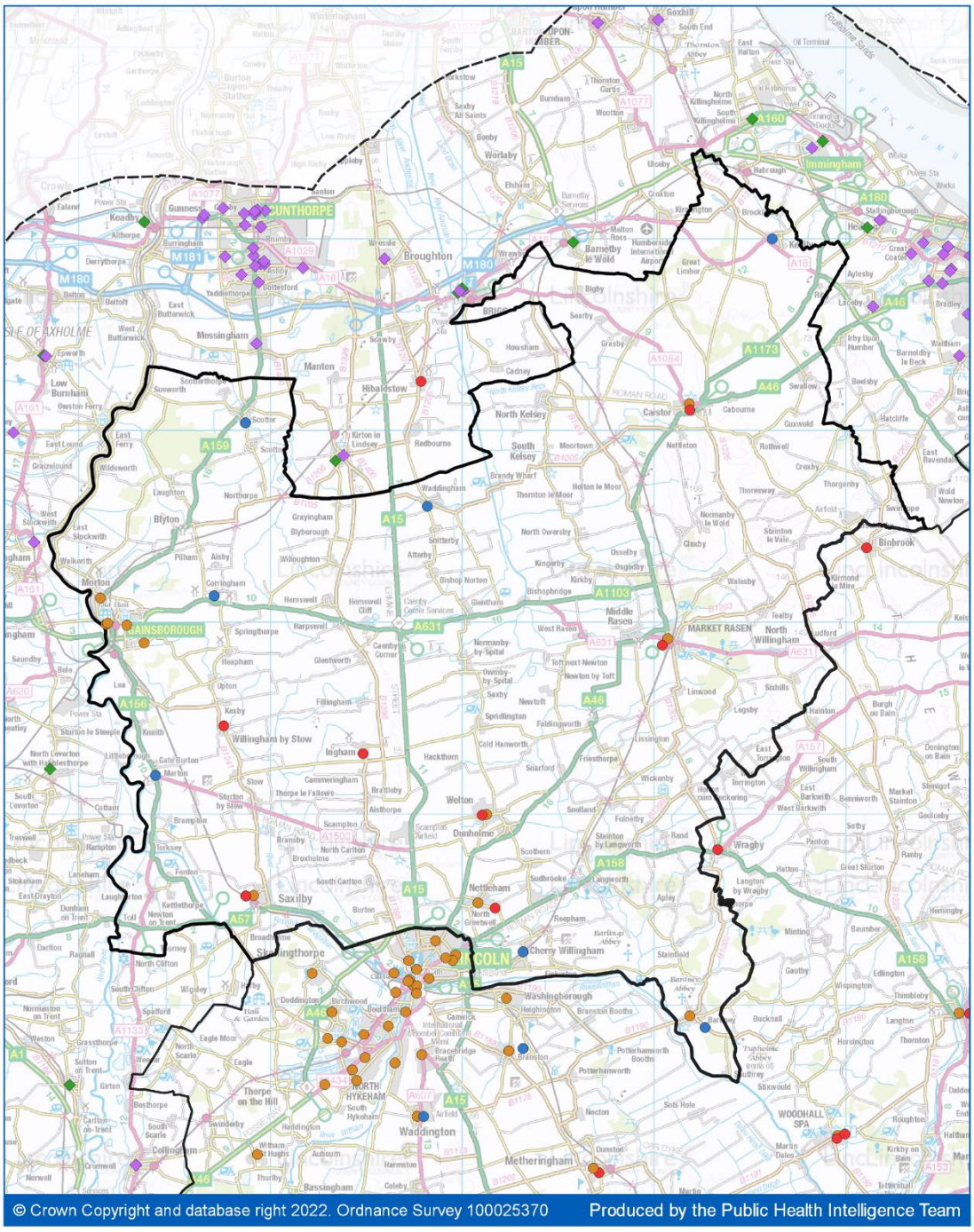
10km boundary
- Pharmacy
- Dispensing GP

District
- District
- 10km boundary

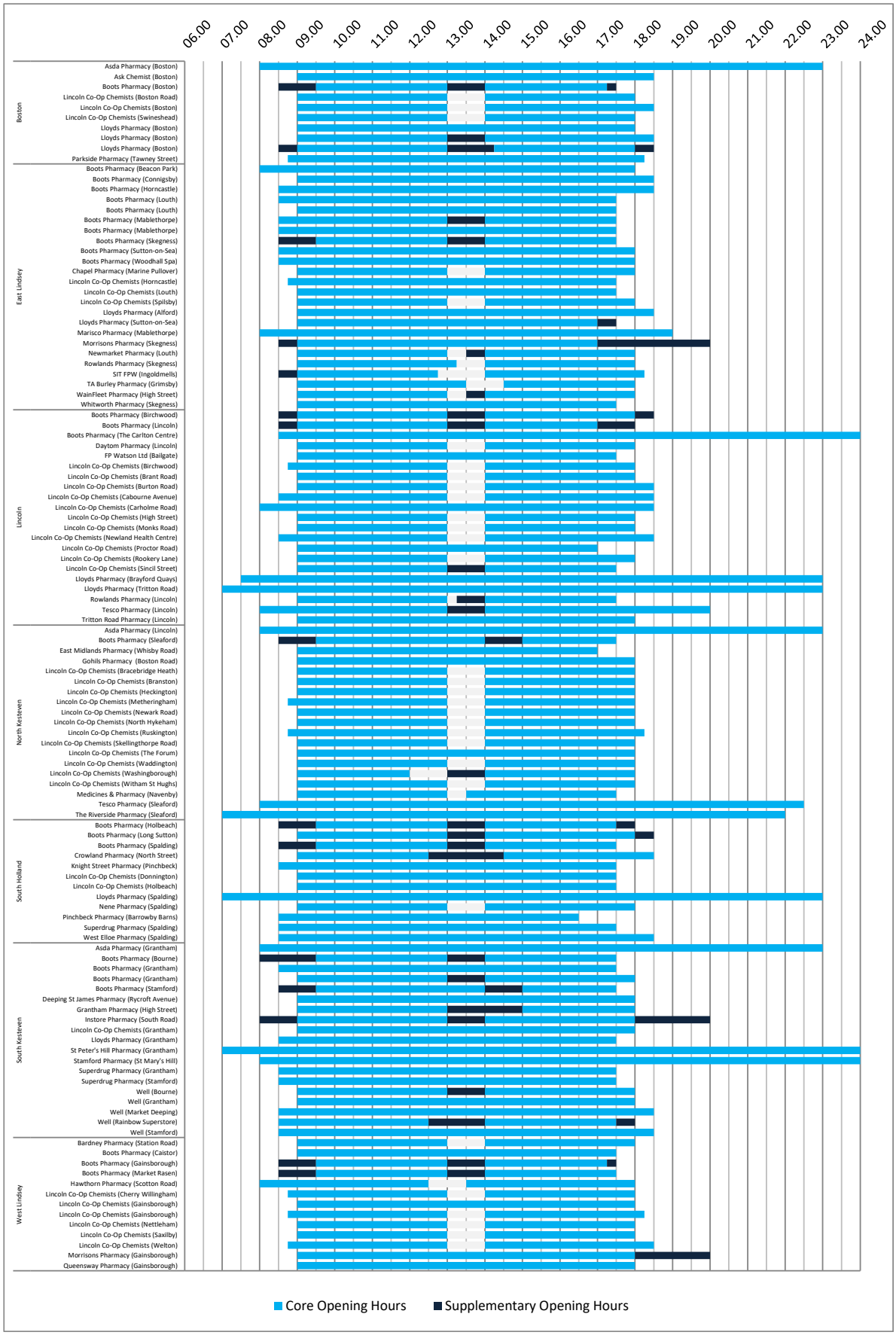
Community pharmacies and dispensing GP contractors in South Kesteven District



Community pharmacies and dispensing GP contractors in West Lindsey District

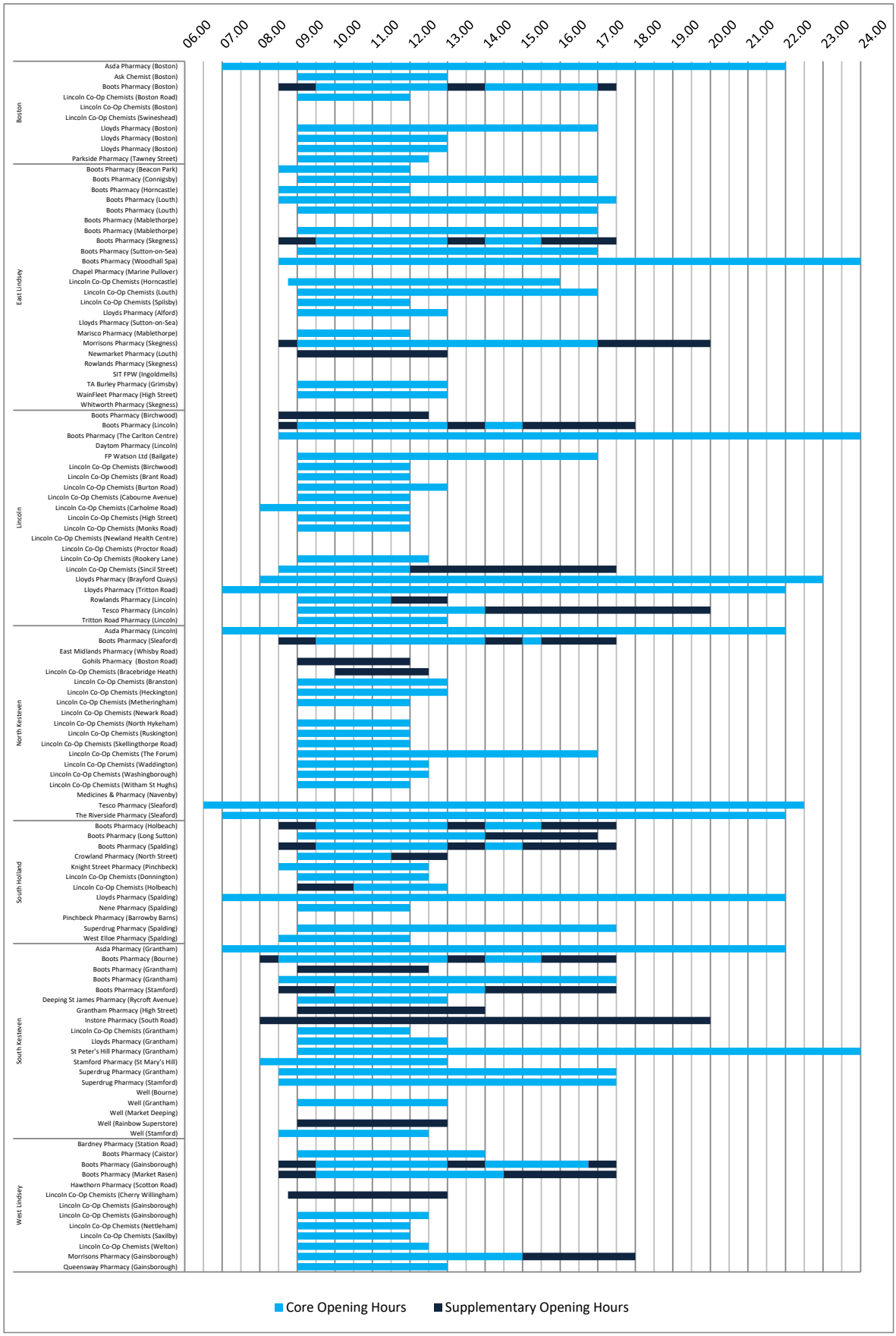


Weekday opening times of community pharmacy providers in Lincolnshire



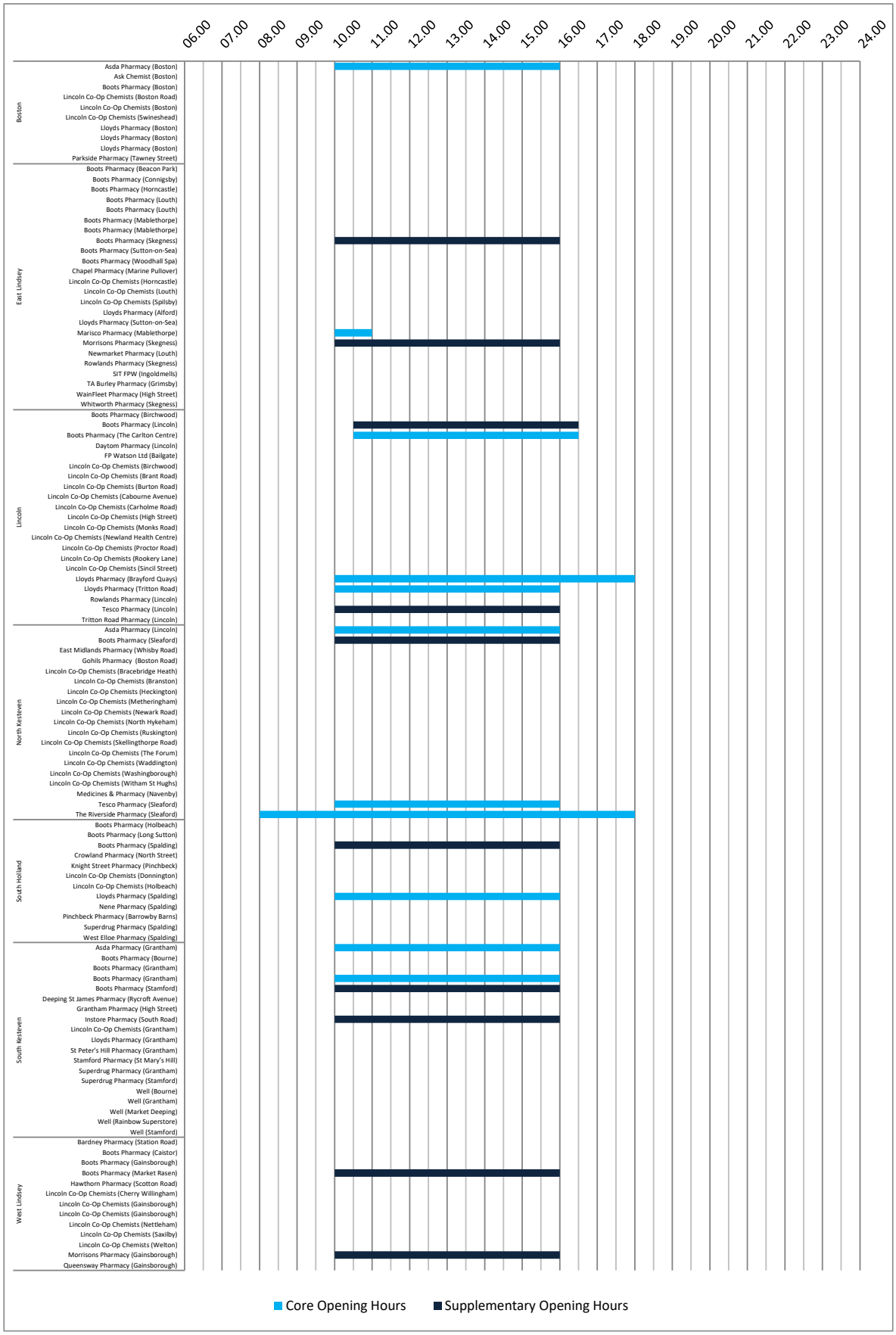
Source: NHSEI

Saturday opening times of community pharmacy providers in Lincolnshire



Source: NHSEI

Sunday opening times of community pharmacy providers in Lincolnshire



Source: NHSEI

List of services provided by pharmacies in Boston

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FAQ04	Lloyds Pharmacy	N	N	Y	Y	Y	N	N	N
FAX22	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FEE74	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FHX31	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FK029	Asda Stores Ltd	N	N	Y	N	Y	Y	Y	N
FN261	Lloyds Pharmacy	N	N	Y	N	Y	N	Y	N
FP299	Parkside Pharmacy	N	N	Y	N	Y	Y	N	N
FPK15	Lloyds Pharmacy	N	N	Y	Y	Y	Y	N	N
FTQ91	Ask Chemist	Y	N	Y	N	Y	N	N	N
FYJ76	Boots Pharmacy	N	N	Y	N	Y	N	N	N

List of services provided by pharmacies in East Lindsey

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FA306	Rowlands Pharmacy	N	N	Y	Y	N	N	N	N
FAY51	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FC420	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FCW02	Wainfleet Pharmacy	N	N	N	N	N	N	N	N
FD434	Beacon Primary Healthcare Ltd	N	N	Y	N	Y	N	N	N
FE396	Ta Burley Pharmacy Ltd	N	N	Y	N	Y	N	N	N
FEG61	Boots Pharmacy	N	N	Y	N	N	N	N	N
FEL76	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FER87	Boots Pharmacy	N	N	Y	N	N	Y	N	N
FFR51	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FH064	Boots Pharmacy	N	N	Y	N	Y	N	N	N
FJQ49	Morrisons Pharmacy	N	N	Y	N	Y	Y	Y	N
FK184	SIT FPW (Chemists)	N	N	N	N	N	N	N	N
FKG76	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FMQ05	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FN019	Newmarket Pharmacy	N	N	Y	N	Y	N	N	N
FNQ74	Lloyds Pharmacy	N	N	Y	N	Y	N	Y	N
FNR73	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FQP80	Whitworth Chemists Ltd	N	N	Y	N	N	N	N	N
FV522	Lloyds Pharmacy	N	N	Y	Y	Y	Y	N	N
FV707	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FV732	Boots Pharmacy	N	N	Y	N	N	N	N	N
FV809	Chapel Pharmacy	N	N	N	N	N	N	N	N
FX130	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N

List of services provided by pharmacies in Lincoln

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FAM17	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FCM80	Tritton Road Pharmacy	N	N	N	N	Y	N	N	N
FCY70	Boots Pharmacy	N	N	Y	N	Y	N	N	N
FEC14	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FEH98	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FGR53	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	N	N
FH589	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FJX51	Lincoln Co-op Chemists Ltd	Y	N	Y	N	N	N	N	N
FKW05	Lloyds Pharmacy	N	N	Y	N	Y	Y	Y	N
FLG06	Rowlands Pharmacy	N	N	Y	Y	Y	Y	N	N
FNG12	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	Y
FNH76	Tesco Pharmacy	N	N	Y	N	Y	Y	N	N
FP624	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FR577	FP Watson Ltd	N	N	N	N	Y	N	N	N
FRG73	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	N	N
FVV12	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FW257	Lloyds Pharmacy	N	N	Y	Y	Y	N	N	N
FW881	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FXH25	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FY179	Boots Pharmacy	N	N	Y	N	Y	N	N	N

List of services provided by pharmacies in North Kesteven

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FC096	Tesco Pharmacy	N	N	Y	N	Y	Y	Y	N
FCK57	Medicines & Pharmacy	N	N	N	N	N	N	N	N
FCX81	Asda Stores Ltd	N	N	Y	N	Y	Y	N	N
FD243	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FDV92	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FEW45	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FFF14	Amcare Ltd	N	Y	N	Y	N	N	N	N
FG118	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FG343	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FGD94	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FHC57	Riverside Pharmacy	N	N	Y	N	Y	Y	N	N
FHT35	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	Y	N
FHY65	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FL784	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FMK59	Clover House pharmacy	N	N	N	N	Y	Y	N	N
FP676	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FPX47	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FQD13	Lincoln Co-op Chemists Ltd	N	N	Y	N	N	Y	N	N
FV274	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FVX89	East Midlands Pharmacy	Y	N	Y	N	N	Y	N	N

List of services provided by pharmacies in South Holland

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FC922	Nene Pharmacy Ltd	N	N	Y	N	Y	Y	Y	Y
FCH32	Boots Pharmacy	N	N	Y	N	N	N	N	N
FGR00	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FH728	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FJ366	Superdrug Stores Plc	N	N	Y	N	Y	Y	N	N
FNA04	Lloyds Pharmacy	N	N	Y	N	Y	Y	N	N
FNK11	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FNT93	Crowland Pharmacy	N	N	Y	N	N	N	N	N
FRP99	West Elloe Pharmacy	N	N	Y	N	Y	Y	Y	N
FWA76	Knight Street Pharmacy	N	N	Y	N	Y	Y	N	N
FWK20	Pinchbeck Pharmacy	Y	N	N	N	N	N	N	N
FWW61	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	Y	N

List of services provided by pharmacies in South Kesteven

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FAF91	Well Pharmacy	N	N	Y	N	Y	Y	Y	N
FF878	Tesco Pharmacy	N	N	Y	N	Y	Y	N	N
FGA80	Stamford Pharmacy	N	N	Y	N	Y	N	N	N
FGC34	Superdrug Pharmacy	N	N	Y	N	Y	Y	N	N
FJG45	Well Pharmacy	N	N	Y	N	Y	Y	N	N
FKH66	Well Pharmacy	N	N	Y	N	N	Y	N	N
FNJ59	Lloyds Pharmacy	N	N	Y	Y	N	N	N	N
FNR78	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FP635	Boots Pharmacy	N	N	Y	N	Y	N	N	N
FP637	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FQ895	Well Pharmacy	N	N	Y	N	Y	Y	N	N
FRJ49	Asda Stores Ltd	N	N	N	N	Y	N	N	N
FT220	St Peter's Hill Pharmacy	N	N	Y	N	Y	N	Y	N
FTJ10	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FV074	Well Pharmacy	N	N	Y	N	Y	Y	Y	N
FW570	Grantham Pharmacy	N	N	Y	N	Y	Y	N	N
FW782	Deeping St James Pharmacy	N	N	N	N	N	N	N	N
FWL55	Superdrug Pharmacy	N	N	Y	N	Y	Y	N	N
FYY76	Boots Pharmacy	N	N	Y	N	Y	Y	N	N

List of services provided by pharmacies in West Lindsey

ODS code	Pharmacy Name	Distance Selling Pharmacy (DSP)	Dispensing Appliance Contractor (DAC)	Enhanced and Advanced Services					
				NMS	STOMA	CPCS	Flu Vaccination	DMS	MUR
FCV46	Tesco Pharmacy	N	N	Y	N	Y	Y	N	N
FD289	Boots Pharmacy	N	N	Y	N	Y	N	Y	N
FGN03	Bardney Pharmacy	N	N	Y	N	Y	Y	N	N
FH233	Morrisons Pharmacy	N	N	Y	N	Y	Y	N	N
FJN65	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FMK80	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	N	Y	N
FQ149	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	N	N
FTC20	Boots Pharmacy	N	N	Y	N	Y	Y	N	N
FTC50	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N
FV689	Boots Pharmacy	N	N	Y	N	Y	Y	Y	N
FW339	Queensway Pharmacy	N	N	Y	N	Y	Y	N	N
FWH94	Hawthorn Pharmacy	N	N	Y	N	Y	N	N	N
FY319	Lincoln Co-op Chemists Ltd	N	N	Y	N	Y	Y	Y	N

COVID-19 vaccination sites and provider pharmacies (as of February 2022)

Pharmacy	Description	District
FP299	Parkside, Boston (Lincolnshire Co-op)	Boston
FHN60	Royal Arthur Community Centre, Ingoldmells (Marisco)	East Lindsey
FE396	T A Burley Pharmacy, Holton Le Clay	East Lindsey
FNG12	Newland Pharmacy, Lincoln (Lincolnshire Co-op)	Lincoln
FLM49	Tonic Health, Spalding (Pharmacy2U)	South Holland
FWA76	Pinchbeck Library & Comm. Hub (Knight St Pharmacy)	South Holland
FLM49	Ex-VW Garage, Stamford (Pharmacy2U)	South Kesteven
FJG45	Hereward Medical Centre, Bourne (Well)	South Kesteven
FKH66	New Sheepmarket Surgery, Stamford (Well)	South Kesteven

List of other NHS providers in Lincolnshire

NHS Hospitals

United Lincolnshire Hospital Trust (ULHT):

- Grantham and District Hospital, Manthorpe Road, Grantham NG31 8DG
- Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY
- Pilgrim Hospital Boston, Sibsey Road, Boston PE21 9QS

Lincolnshire Community Health Services (LCHS):

- County Hospital Louth, High Holme Road, Louth LN11 0EU
- John Coupland Hospital, 292 Ropery Road, Gainsborough DN21 2NT
- Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT
- Skegness Hospital, Dorothy Avenue, Skegness PE25 2BS
- Stamford and Rutland Hospital, Ryhall Road, Stamford PE9 1UA

Urgent Care Services

Urgent Treatment Services:

- Boston Urgent Treatment Centre, Pilgrim Hospital, Sibsey Road, Boston PE21 9QS
- Lincoln Urgent Treatment Centre, Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY
- Louth Urgent Treatment Centre, County Hospital Louth, High Holme Road, Louth LN11 0EU
- Skegness Urgent Treatment Centre, Skegness Hospital, Dorothy Avenue, Skegness PE25 2BS

Minor Injury Units:

- Gainsborough Minor Injury Unit, John Coupland Hospital, Ropery Road, Gainsborough DN21 2TJ
- Sleaford Medical Centre Minor Injuries Unit, 47 Boston Road, Sleaford NG34 7HD
- Stamford Minor Injury Unit, Johnson Community Hospital, Spalding Road, Pinchbeck, Spalding PE11 3DT

Prisons

In Lincolnshire there are three prisons:

- HMP Lincoln (Category B, male), Greetwell Road, Lincoln LN2 4BD
- HMP North Sea Camp (Category D, male), Croppers Lane, Freiston, Boston PE22 0QX
- HMP Morton Hall, Swinderby, Lincoln LN6 9PT

Appendix 2

LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT
STEERING GROUP TERMS OF REFERENCE

1. BACKGROUND

In order to provide pharmaceutical services providers (most commonly community pharmacists but also dispensing appliance contractors and GPs in rural areas) are required to apply to be included on a pharmaceutical list. For their inclusion to be approved they are required to demonstrate that the services they wish to provide meet an identified need in the Pharmaceutical Needs Assessment (PNA) for the area.

From April 2013 the Health and Social Care Act 2012 transferred responsibility for developing and updating PNAs from the former primary care trusts (PCTs) to Health and Wellbeing Boards. At the same time, the responsibility for using PNAs as the basis for determining market entry to the pharmaceutical list transferred from PCTs to NHS England.

2. PURPOSE

The Health and Wellbeing Board (HWB) has the legal responsibility for producing a PNA every three years. A revised PNA for Lincolnshire needs to be published by 1 October 2022.

The purpose of the PNA Steering Group (PNA SG) is to develop the revised PNA on behalf of the HWB.

The PNA SG will set the timetable for the development of the PNA, agree the format and content, oversee the statutory consultation exercise and ensure the PNA complies with statutory requirements.

3. ROLE

The PNA SG has been established to:

- Oversee and drive the formal process to review the PNA for Lincolnshire, including the 60-day statutory consultation exercise;
- Ensure the published PNA complies with all the statutory requirements set out in the appropriate Regulations;
- Promote integration and linkages with other key strategies and plans including the Lincolnshire Joint Strategic Needs Assessment, the Joint Health and Wellbeing Strategy for Lincolnshire and Lincolnshire's Sustainability and Transformation Plan;
- Establish arrangements to regularly review the PNA following publication, including issuing subsequent supplementary statements in response to any significant changes.

4. KEY FUNCTIONS

- To oversee the PNA process
- To approve the framework for the PNA
- To approve the project plan and timeline, and drive delivery to ensure key milestones are met
- To ensure the development of the PNA meets all statutory requirements
- To determine the localities which will be used for the basis of the assessment
- To undertake an assessment of the pharmaceutical needs of the population including:
    - Mapping current pharmaceutical service provision in Lincolnshire
    - Reviewing of opening hours and location of services
    - Using the JSNA & other profile data to review the health needs of the population
    - Analysing current and projected population changes in conjunction with existing patterns of service provision
    - Identifying any gaps in service provision and proposed solutions on how gaps can be addressed
    - Consideration of future needs, including housing growth, and its impact on the development of services - in terms of essential, advanced and enhanced service provision.
- To produce a draft PNA for consultation
- To ensure active engagement arrangements are in place
- To oversee the consultation exercise ensuring that it meets the requirements set out in the Regulations
- To consider and act upon formal responses received during the formal consultation process, amending the PNA document as appropriate
- To ensure the Lincolnshire Health and Wellbeing Board is updated on progress and that the final PNA is signed off by the Board by the end of September 2022.

5. MEMBERSHIP

Core membership will consist of:

- Senior Professional Pharmacist, University of Lincoln
- Public Health Consultant, Public Health Division (LCC) - Senior Responsible Officer
- Programme Manager, Strategy & Development (LCC)
- Programme Manager, Public Health Intelligence (LCC)
- Chief Executive Officer, Healthwatch Lincolnshire
- Representative, Local Pharmaceutical Committee
- Representative, Local Medical Committee
- Representative, NHS Lincolnshire ICB

Each core member has one vote. Core members may provide a deputy to meetings in their absence. The PNA SG shall be quorate with four core members in attendance. The following core members are required for quoracy:

- Senior Professional Pharmacist, University of Lincoln
- Representative, Local Pharmaceutical Committee
- Representative, Local Medical Committee

In addition to the PNA SG core membership, specific expertise will be requested as required in order to meet specific elements of the Regulations, for example LCC's Corporate Communications and Community Engagement Team will be asked to support the statutory consultation exercise. The Public Health Division at LCC will provide a dedicated Project Manager to project manage throughout the PNA process.

NHS England and NHS Improvement (NHSE&I) will support the production of the PNA by providing any necessary data and information but will not be core members of the PNA Steering Group.

6. REPORTING ARRANGEMENTS

- The PNA SG will report to the HWB as required and at key decision points
- The Senior Responsible Officer will provide regular updates on progress to the Chairman of the HWB, the Director of Public Health and Health Scrutiny Committee, LCC.

7. FREQUENCY OF MEETINGS

The PNA SG will meet, either on a face to face basis or virtually every 4 – 6 weeks or in accordance with the project plan.

Following publication of the agreed PNA, the SG will be convened on a quarterly basis to fulfil its role in timely maintenance of the PNA.

The meetings will be administered by Public Health, Lincolnshire County Council.

8. DECLARATIONS OF INTEREST

Declarations of interest will be a standing item on each PNA SG agenda, and the details will be recorded in the minutes. Where a member has a conflict of interest for any given item, they will be entitled to participate in the discussion but will not be permitted to be involved in final decision making.

If any issues arise concerning conflicts of interest, these will be reported to the HWB.

9. Steering Group Member Responsibilities

Members of the PNA SG will:

- commit to attend meetings regularly

- nominate a deputy, wherever possible, to attend meetings on their behalf in their absence
- actively contribute to the compilation of the revised PNA and any subsequent supplementary statements
- come to meetings prepared with all documents and contribute to the debate
- understand that the discussions at the PNA SG are confidential, unless stated otherwise, and are not to be disclosed to any unauthorised person
- declare any conflicts of interest which might have a bearing on their actions, views and involvement within the PNA SG

Composition of Steering Group

Role	Name
Senior Professional Pharmacist, University of Lincoln	Dr Andrzej Gallas
Public Health Consultant, Public Health Division (LCC) - Senior Responsible Officer	Dr Lucy Gavens
Programme Manager, Strategy & Development (LCC)	Ms. Alison Christie
Programme Manager, Public Health Intelligence (LCC)	Mr. Phil Huntley
Chief Executive Officer, Healthwatch Lincolnshire	Ms. Sarah Fletcher Mr. Dean Odell
Representative, Local Pharmaceutical Committee	Mr. Paul Jenks Dr Tracey Latham-Green
Representative, Local Medical Committee	Dr Kieran Sharrock Ms. Kate Pilton
Representative, NHS Lincolnshire ICB	Ms. Victoria Townshend

Appendix 3

Community pharmacy questionnaire

Lincolnshire COUNTY COUNCIL *Working for a better future*

PNA Pharmacy Questionnaire 2021

Lincolnshire Health and Wellbeing Board

The University of Lincoln is supporting Lincolnshire County Council to produce their 2022 Pharmaceutical Needs Assessment report.

We are undertaking a survey of all community pharmacy and dispensing GP contractors in Lincolnshire. We would therefore be grateful if the Pharmacy Manager or owner could complete the questions below and share your views.

Your answers will help us to get a better picture of pharmaceutical services offered within your area, so that the information can be incorporated into the Pharmaceutical Needs Assessment.

This survey should take around 30 minutes to complete. **Please complete the survey by Sunday 1st August 2021.**

We have requested a name and contact details in case of follow up questions but these are optional and collected in a professional capacity only. Responses may be shared with the Community Pharmacy Lincolnshire, for details of how we process and share your personal data, please see our privacy notice https://www.lincolnshire.gov.uk/directory-record/62075/public-health.

Thank you in advance for your support with this.

Premises and Contact Details

Q1.1 Contractor code (ODS Code)

Q1.2 Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Q1.3 Trading name

Q1.4 Address of contractor pharmacy

Q1.5 Is this pharmacy entitled to Pharmacy Access Scheme payments?

- Yes
- No
- Possibly

Q1.6 Is this pharmacy a 100-hour pharmacy?

- Yes
- No

Q1.7 Does this pharmacy hold a Local Pharmaceutical Services (LPS) contract? (i.e. it is not the 'standard' Pharmaceutical Services contract)

- Yes
- No

Q1.8 Is this pharmacy a Distance Selling Pharmacy? (i.e. it cannot provide Essential Services to persons present at or in the vicinity of the pharmacy)

- Yes
- No

Q1.9 Pharmacy premises shared NHSmail account

Q1.10 Pharmacy telephone

Q1.11 Pharmacy fax (if applicable)

Q1.12 Pharmacy website address (if applicable)

Click here for text

Opening hours and related matters

Q2.1 What are your **core** hours of opening? (***Enter time in the HH:MM format***. *If the pharmacy is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime from

Monday - Lunchtime to

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday - Lunchtime to

Wednesday - Open from

Wednesday - Open to

Wednesday - Lunchtime from

Wednesday - Lunchtime to

Thursday - Open from

Thursday - Open to

Thursday - Lunchtime from

Thursday - Lunchtime to

Friday - Open from

Friday - Open to

Friday - Lunchtime from

Friday - Lunchtime to

Saturday - Open from

Saturday - Open to

Saturday - Lunchtime from

Saturday - Lunchtime to

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

Q2.2 What are your **total** hours of opening? ***(Enter time in the HH:MM format**. If the pharmacy is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime to

Monday Lunchtime to

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday -Lunchtime to

Wednesday - Open from

Wedneasy - Open to

Wednesday - Lunchtime from

Wednesday - Lunchtime to

Thursday - Open from

Thursday - Open to

Thursday - Lunchtime

Thurday - Lunchtime to

Friday - Open from

Friday - Open to

Friday - Lunchtime from

Friday Lunchtime to

Click here for text

Saturday -Open from

Saturday - Open to

Saturday - Lunchtime

Sunday - Lunchtime to

Click here for text

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

Click here for text

Q2.3 Please specify whether the following apply during lunchtime (tick all that apply)

- ☐ Pharmacy is closed
- ☐ Pharmacy is open
- ☐ Pharmacist is not available but pre-bagged prescription medicines are handed out and OTC medicines sold
- ☐ Pharmacist is available and pharmacy operates as normal
- ☐ Other

If Other please specify

Please specify the opening hours on the following Bank Holiday days this and last year (If not open, please type in 'closed'. Please note, we kindly request information from last year, as the opening times in 2020 and 2021 are likely to be different):

Q2.4 2020

1st January 2020

10th April 2020

13th April 2020

8th May 2020

25th May 2020

31st August 2020

25th December 2020

28th December 2020

Q2.5 2021

1st January 2021

2nd April 2021

5th April 2021

3rd May 2021

31st May 2021

30th August 2021

27th December 2021

28th December 2021

Click here for text

Consultation facilities

A consultation room is clearly designated as a room for confidential conversations; distinct from the general public areas of the pharmacy premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

Almost all pharmacies need to have a consultation room from 1st January 2021. This is as a result of the Health Living Pharmacy Level 1 (HLP) criteria a becoming Terms of Service requirements. https://psnc.org.uk/our-news/regs-explainer-14-consultation-rooms-and-remote-consultations/

Q3.1 On the premises, is there a consultation room?

- ○ None, have submitted a request to NHSE&I that the premises are too small for a consultation room
- ○ None, NHSE&I has approved my request that the premises are too small for a consultation room
- ○ None (Distance Selling Pharmacy)
- ○ Available (including wheelchair access)
- ○ Available (without wheelchair access)
- ○ Planned before 1st April 2023
- ○ Other

If other please specify

Q3.1a Where there is a consultation area, is it a closed room?
- Yes
- No

Q3.2 During consultations are there hand-washing facilities
- In the consultation area
- Close to the consultation area
- None

Q3.3 Do patients attending for consultations have access to toilet facilities?
- Yes
- No

Q3.4 Does the pharmacy have access to an off-site consultation area (i.e. one which the former PCT or NHS England and NHS Improvement local team has given consent for use)?
- Yes
- No

Q3.5 Is the pharmacy willing and capable of undertaking to undertake consultations in patient's home / other suitable site?
- Yes
- No

Q3.6 Is the pharmacy able to offer video consultation with patients?
- Yes
- No

Q3.7 What languages are spoken in addition to English?

Services

Q4.1 Does the pharmacy dispense appliances?
- Yes – All types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, excluding stoma and incontinence appliances
- Yes, just dressings
- Other
- None

If other please specify

Advanced services

Q5.1 Does the pharmacy provide the following services?

	Yes	Intending to begin within next 12 months	No - not intending to provide
New Medicine Service			
Appliance Use Review Service			
Stoma Appliance Customisation Service			
Flu Vaccination Service			
Community Pharmacist Consultation Service (CPCS)			
Hepatitis C Testing Service			
C-19 Lateral Flow Device Distribution Service			
Pandemic Delivery Service (when commissioned)			

Q5.2 Which of the following other services does the pharmacy provide, or would be willing to provide?

Service: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Anticoagulant Monitoring Service							
Anti-viral Distribution Service *(1)*							
Care Home Service							
Chlamydia Testing Service *(1)*							
Chlamydia Treatment Service *(1)*							
Contraceptive Service (not EC) *(1)*							
Emergency Contraception Service *(1)*							
Emergency Supply Service (not CPCS)							
Gluten Free Food Supply Service (i.e. not via FP10)							
Home Delivery Service (not appliances) *(1)*							
Independent Prescribing Service							
Language Access Service							
Medication Review Service							
Medicines Assessment and Compliance Support Service							

Minor Ailment Scheme							
Medicines Optimisation Service *(1)*							
Needle and Syringe Programme							
Obesity Management (adults and children) *(1)*							
Not Dispensed Scheme							
On Demand Availability of Specialist Drugs Service							
Out of Hours Services							
Patient Group Direction Service							
Phlebotomy Service *(1)*							
Prescriber Support Service							
Schools Service							

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services.'

If currently providing an Independent Prescribing Service, what therapeutic areas are covered?

If currently providing a Medicines Optimisation Service, what therapeutic areas are covered?

Name the condition for the Patient Group Direction Service

Q5.3 Disease Specific Medicines Management Service: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Allergies							
Alzheimer's/dementia							
Asthma							
CHD							
COPD							
Depression							
Diabetes type I							
Diabetes type II							
Epilepsy							
Erectile dysfunction (not OTC sale)							
Heart Failure							
Hypertension							
Parkinson's disease							
Skin growths							
Throat infections							
Urinary tract infection							
Other							

Other, please state

Q5.4 Screening Service: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Alcohol							
Cholesterol							
Diabetes							
Gonorrhoea							
H. pylori							
HbA1C							
Hepatitis							
HIV							
Seasonal Influenza Vaccination Service *(1)*							
Other							

Other, please state

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Q5.5 Other vaccinations *(1)*: Currently providing under contract with*

	*Local NHS England Team	*CCG	*Local Authority	Willing to provide if commissioned	Not able or willing to provide	Willing to provide privately	Currently providing privately
Childhood vaccinations	○	○	○	○	○	○	○
COVID-19 vaccinations	○	○	○	○	○	○	○
Hepatitis (at risk workers or patients) vaccinations	○	○	○	○	○	○	○
HPV vaccinations	○	○	○	○	○	○	○
Meningococcal vaccinations	○	○	○	○	○	○	○
Pneumococcal vaccinations	○	○	○	○	○	○	○
Travel vaccinations	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○
Sharps Disposal Service *(1)*	○	○	○	○	○	○	○
Stop Smoking Service	○	○	○	○	○	○	○
Supervised Administration Service	○	○	○	○	○	○	○
Supplementary Prescribing Service	○	○	○	○	○	○	○
Vascular Risk Assessment Service (NHS Health Check) *(1)*	○	○	○	○	○	○	○

If other please state

Please name therapeutic areas for the Supplementary Prescribing Service

(1) These services are not listed in the Advanced and Enhanced Services Directions, and so are not 'Enhanced Services' if commissioned by the regional NHS England and NHS Improvement Team. The regional NHS England and NHS Improvement Team may commission them on behalf of the CCG or Local Authority, but when identified in the PNA they will be described as 'Other Locally Commissioned Services' or 'Other NHS Services'.

Click here for text

Non-commissioned services

Q5.6 Does the pharmacy provide any of the following?

	Yes	No
Collection of prescriptions from GP practices (not EPS)	○	○
Delivery of dispensed medicines – Selected patient groups	○	○
Delivery of dispensed medicines – Selected areas	○	○
Delivery of dispensed medicines – free of charge on request	○	○
Delivery of dispensed medicines – with charge	○	○
Dispensing in Monitored Dosage Systems – free of charge where appropriate for the patient	○	○
Dispensing in Monitored Dosage Systems – with charge where appropriate for the patient	○	○
Alternative medicine pick-up locations (i.e. outside of pharmacy)	○	○
Any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)	○	○

Please list criteria for selected patient groups for the delivery of dispensed medicines

Please list areas for delivery of dispensed medicines

Please specify the patient criteria for the Dispensing in Monitored Dosage Systems – free of charge where appropriate for the patient

Please specify the patient criteria for Dispensing in Monitored Dosage Systems – with charge where appropriate for the patient

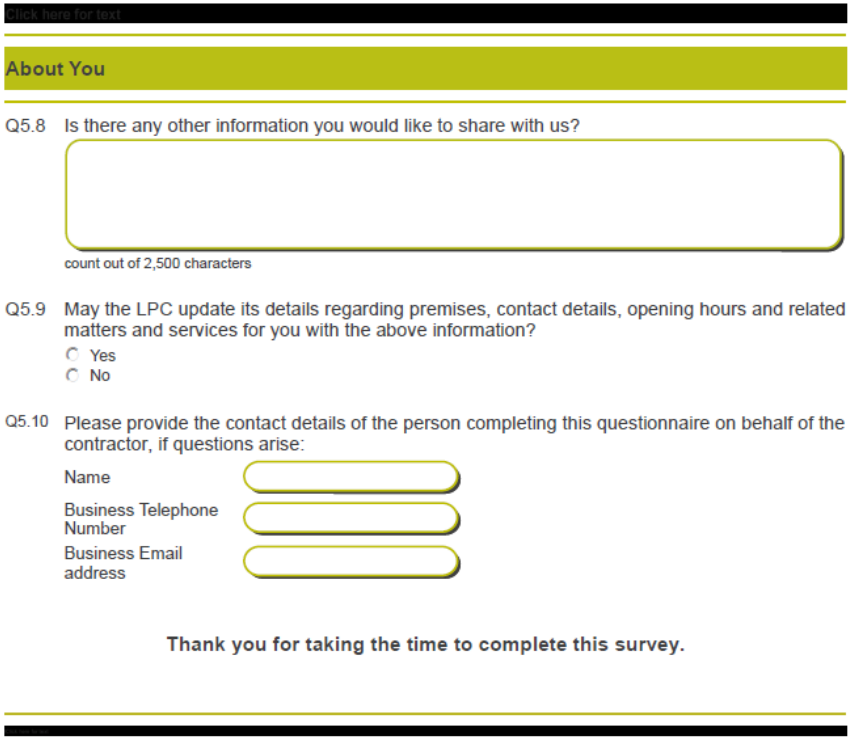
Briefly explain how the alternative medicine pick-up locations (i.e. outside of pharmacy) is arranged

Please specify any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)

Q5.7 Is there a particular need for a locally commissioned service in your area?

○ Yes
○ No

Please let us have any comments



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About You

Q5.8 Is there any other information you would like to share with us?

count out of 2,500 characters

Q5.9 May the LPC update its details regarding premises, contact details, opening hours and related matters and services for you with the above information?

- Yes
- No

Q5.10 Please provide the contact details of the person completing this questionnaire on behalf of the contractor, if questions arise:

Name

Business Telephone Number

Business Email address

Thank you for taking the time to complete this survey.

Questionnaire findings regarding provision of Advanced Pharmaceutical Services in Lincolnshire, completed in July 2021, have been presented in the table below. It should be noted that these findings are representative of the pharmacies that responded to questionnaire and not for all pharmacies in Lincolnshire.

Advanced Service	Currently providing		Not currently providing	
	Number	%	Number	%
Appliance Use Reviews (AURs)	3	4%	67	96%
Community Pharmacist Consultation Service (CPCS)	67	96%	3	4%
C-19 Lateral Flow Device Distribution Service	68	97%	2	3%
Flu Vaccination Service	65	93%	5	7%
Hepatitis C Testing Service	1	1%	69	99%
New Medicine Service (NMS)	68	97%	2	3%
Pandemic Delivery Service	62	89%	8	11%
Stoma Appliance Customisation (SAC)	1	1%	69	99%

The questionnaires suggest that the NMS, C-19 Lateral Flow Device Distribution, and CPCS are the most widely available Advanced Services through community pharmacies in Lincolnshire. Anecdotal evidence suggests that this is consistent with national and regional trends.

Similarly, the Flu Vaccination Service is also widely available from community pharmacies throughout Lincolnshire. According to the questionnaire, 65 pharmacies (93%) provided the Flu Vaccination Service. The data relating to vaccination provision relates to the 2019/2020 season and only details information for those contractors who provided the service within that period.

The temporary pandemic-related services, i.e., Pandemic Delivery Service and COVID-19 Lateral Flow Device Distribution Service, have reported to be widely available through community pharmacies in Lincolnshire. The community pharmacy contractor questionnaire reported that 62 (89%) of pharmacies have provided the Pandemic Delivery Service. The C-19 Lateral Flow Device Distribution Service has been reported as available from 68 (97%) pharmacies.

The table below presents the distribution of key Advanced Pharmaceutical Services across districts in Lincolnshire, indicating that Advanced Services are available across all different districts of Lincolnshire.

Area	Advanced Service				
	Flu Vaccination	CPCS	NMS	Pandemic Delivery	C-19 Lateral Flow Device Distribution
Boston	100.0%	100.0%	100.0%	100.0%	100.0%
East Lindsey	75.0%	83.3%	83.3%	91.7%	91.7%
Lincoln	92.9%	100.0%	100.0%	78.6%	100.0%
North Kesteven	100.0%	100.0%	100.0%	100.0%	100.0%
South Holland	100.0%	100.0%	100.0%	85.7%	100.0%
South Kesteven	100.0%	87.5%	100.0%	75.0%	87.5%
West Lindsey	90.0%	100.0%	100.0%	90.0%	100.0%
Lincolnshire	**92.9%**	**95.7%**	**97.1%**	**88.6%**	**97.1%**

Local authority commissioned services

Data in this section has been obtained directly from the commissioner, i.e., Lincolnshire County Council.

LCC commissions four services from community pharmacies: Emergency Hormonal Contraception (EHC), Pharmacy Based Supervised Administration Programme (PBSAP), Needle and Syringe Programme (NSP) and Smoking Cessation Service (SCS).

EHC is available free-of-charge to young females of child-bearing potential through community pharmacies across Lincolnshire. As of December 2021, 59 out of 118 pharmacies in Lincolnshire provided this service. The service is distributed across community pharmacies in all districts: 7 in Boston, 6 in East Lindsey, 15 in Lincoln, 11 in North Kesteven, 6 in South Holland, 7 in South Kesteven and 7 in West Lindsey. It is worth adding that many community pharmacies across Lincolnshire offer EHC to females as an over-the-counter product to purchase.

PBSAP is widely available from nearly all (116 out of 118) community pharmacies across Lincolnshire, while NSP from 17 community pharmacies in Boston (3), East Lindsey (5), Lincoln (1), and South Holland (1), South Kesteven (5) and West Lindsey (2) in addition to WAWY sites.

SCS is available from 21 Lincolnshire-based pharmacies, again evenly distributed across the county: 3 in Boston, 6 in East Lindsey, 7 in Lincoln, 5 in North Kesteven, 4 in South Holland, 2 in South Kesteven and 4 in West Lindsey.

Collection and delivery services

61 pharmacies (87.1%) that responded offer collection of prescriptions from GP practices. 62 pharmacies (88.6%) also offer a delivery service of dispensed medicines to selected patient groups only. Here, the patient selection reasons were pharmacy-specific and included: housebound individuals, people with disabilities or specific conditions, MDS patients, elderly and/or vulnerable individuals.

Of those who responded, 75.7% of pharmacies offer a free delivery service of dispensed medicines on request, while 15.7% provide a chargeable service. None of the respondents stated that they offer alternative pick-up locations (i.e., outside of pharmacy premises).

Domiciliary services

For residents who are unable to access a pharmacy, 47 pharmacies (67.1%) stated they are willing and capable of undertaking consultations in the patients' home or another suitable site, and 45 pharmacies (64.3%) are able to offer video consultations with patients.

Language services

Of the pharmacies who responded to the community pharmacy contractor questionnaire, 54 (77.1%) reported that they offer at least one additional language in addition to English. Availability of this service depends frequently on the language skills of the staff member(s) working in the pharmacy. Some of the additional languages spoken are:

- Romanian
- Mandarin
- Cantonese
- Malay
- Farsi
- Swedish
- Arabic
- Polish
- Urdu
- Hindi
- Punjabi
- Shona
- Italian
- Latvian
- Russian
- Bengali
- Portuguese
- Gujrati

Additional Dispensing Services

According to the questionnaire, dispensing of medicines in Monitored Dosage Systems (MDS) is available through 67 (95.7%) contractors. This service is available free-of-charge with 64 contractors (91.4%) and at a charge with 3 contractors (4.3%) and is often limited to specific patient populations only. Most contractors who responded to questionnaire offered comments as to how patients are selected for the service, as follows:

- 'Current customers only, not taking on any extra patients other than those already supplied'
- 'Depending on surgery willing to do weekly scripts and pharmacy workload'
- 'Depending on the space to accept new MDS patients
- 'Depending on patient needs, under Equality Act 2010, decided by pharmacists'
- 'Patient required to fill in a form'
- 'According to NICE guidelines and patient assessment tool'
- 'Depending on outcome of consultation with a pharmacist regarding reminder charts and other strategies to aid medicine compliance, as MDS are last resort.'
- 'Limited to patients with specific conditions, e.g. cognitively impaired, elderly patients or identified disability'
- 'Depending on doctor's or nurse's recommendation'

Most community pharmacies also indicated that they honour patient-specific requests, such as splitting a tablet, preparing medicine labels with bigger font.

Perception of Pharmaceutical Services across Lincolnshire

As part of the community pharmacy contractor questionnaire, most respondents indicated that they would be willing to provide a wide range of other services, including disease specific, vaccination and screening services, when commissioned. In addition, a few respondents indicated that they offer specific pharmacy and/or pharmacist-specific services privately, e.g. care home service, PGD-based service, emergency supply, disease specific management services (diabetes, erectile dysfunction, coronary heart disease, urinary tract infection) and disease specific screening services (diabetes, cholesterol).

When asked about the need for additional commissioned services in their area, most respondents raised comments around MDS dispensing, and some around home delivery, urinary tract infections, minor ailments, and an overall low number of commissioned services.

Dispensing practices questionnaire

PNA Dispensing Practice Questionnaire 2021

Lincolnshire Health and Wellbeing Board

The University of Lincoln is supporting Lincolnshire County Council to produce their 2022 Pharmaceutical Needs Assessment report.

We are undertaking a survey of all community pharmacy and dispensing GP contractors in Lincolnshire. We would therefore be grateful if the Dispensing Doctor/Practice Manager could complete the questions below and share your views.

Your answers will help us to get a better picture of pharmaceutical services offered within your area, so that the information can be incorporated into the Pharmaceutical Needs Assessment.

This survey should take around 15 minutes to complete. **Please complete the survey by Sunday 1st August 2021**.

We have requested a name and contact details in case of follow up questions but these are optional and collected in a professional capacity only. Responses may be shared with the Lincolnshire Medical Committee, for details of how we process and share your personal data, please see our privacy notice https://www.lincolnshire.gov.uk/directory-record/62075/public-health.

Thank you in advance for your support with this.

Contact details

Q1 Premises and Contact Details

Contractor code (ODS Code)

Name of contractor (i.e. name of individual, partnership or company owning the pharmacy business)

Trading name

Address of practice

Practice premises NHSmail account

Practice telephone

Practice fax (if applicable)

Practice website address (if applicable)

Q2 **Dispensary** Opening Hours

Please provide opening hours in which members of the public have access to the dispensary. ***Enter time in the HH:MM format.*** *If dispensary is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime from

Monday - Lunchtime to

Click here for text

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday - Lunchtime to

Click here for text

Wednesday - Open from

Wednesday- Open to

Wednesday - Lunchtime from

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Friday - Open from

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Friday - Lunchtime from

Friday - Lunchtime to

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Saturday - Open from

Saturday - Open to

Saturday - Lunchtime from

Saturday - Lunchtime to

Click here for text

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

Please specify whether the following apply during lunchtime (tick all that apply)

- ☐ Dispensary is closed
- ☐ Dispensary is open
- ☐ Dispensary staff are not available but pre-bagged prescription medicines are handed out and OTC medicines sold
- ☐ Dispensary staff are available and dispensary operates as normal
- ☐ Other

If other please specify

Explain briefly how this is arranged

Click here for text

Please specify the opening hours on the following Bank Holiday days this and last year (If not open, please type in 'closed'. Please note, we kindly request information from last year, as the opening times in 2020 and 2021 are likely to be different):

Q3

Year 2020

1st January 2020

10th April 2020

13th April 2020

8th May 2020

25th May 2020

31st August 2020

25th December 2020

28th December 2020

Year 2021

1st January 2021

2nd April 2021

5th April 2021

3rd May 2021

31st May 2021

30th August 2021

27th December 2021

28th December 2021

Q4 **Surgery** Opening Hours

*(Please provide opening hours in which members of the public have access to the surgery. **Enter time in the HH:MM format**. If surgery is closed on the day or there is no need to fill in the time box, please leave the space blank)*

Monday - Open from

Monday - Open to

Monday - Lunchtime from

Monday - Lunchtime to

Click here for text

Tuesday - Open from

Tuesday - Open to

Tuesday - Lunchtime from

Tuesday - Lunchtime to

Click here for text

Wednesday - Open from

Wednesday - Open to

Wednesday - Lunchtime from

Wednesday - Lunchtime to

Click here for text

Thursday - Open from

Thursday - Open to

Thursday - Lunchtime from

Thursday - Lunchtime to

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Friday - Open from

Friday - Open to

Friday - Lunchtime from

Friday - Lunchtime to

Click here for text

Saturday - Open from

Saturday - Open to

Saturday - Lunchtime from

Saturday - Lunchtime to

Click here for text

Sunday - Open from

Sunday - Open to

Sunday - Lunchtime from

Sunday - Lunchtime to

Click here for text

Q5 If surgery is open longer than dispensary, can patients access their medication:

- Yes
- No

Briefly explain how this is arranged

Click here for text

Consultation facilities

A consultation room is clearly designated as a room for confidential conversations; distinct from the general public areas of the practice premises; and is a room where both the person receiving the service and the person providing it can be seated together and communicate confidentially.

Q6 On the premises, is there a consultation room?

- None available
- None available but planned before 1st April 2023
- Available (including wheelchair access) as part of the whole practice
- Available (without wheelchair access) as part of the whole practice
- Available (including wheelchair access) as part of the dispensary
- Available (without wheelchair access) as part of the dispensary
- Other

Please specify

Q6a Where there is a consultation area, is it a closed room?

- Yes
- No

Q7 Does the practice participate and comply with the Dispensary Services Quality Scheme (DSQS)?

- Yes
- No
- Don't know

Q8 Approximately what percentage of the patients in your practice access the dispensing services?

- Less than 10%
- 10%-20%
- 21%-30%
- 31%-40%
- 41%-50%
- 51%-60%
- 61%-70%
- 71% - 80%
- 81%-90%
- 91%-100%
- Prefer not to disclose

Q9 Does the practice dispense appliances?

- Yes – All types
- Yes, excluding stoma appliances
- Yes, excluding incontinence appliances
- Yes, excluding stoma and incontinence appliances
- Yes, just dressings
- Other
- None

Please specify

Click here for text

Services

Q10 Does the dispensary/practice provide any of the following additional services?

	Yes	No
DRUMs		
NHS Health Checks commissioned by LPC		
Sexual Health Services		
Electronic Prescription Service (EPS) – for users of practice dispensary		
Electronic Prescription Service (EPS) – for non-users of practice dispensary		
Compliance aids		
Delivery of dispensed medicines – Selected patient groups		
Delivery of dispensed medicines – Selected areas		
Delivery of dispensed medicines – free of charge on request		
Delivery of dispensed medicines – with charge on request		
Dispensing in Monitored Dosage Systems - free of charge where appropriate for the patient		
Dispensing in Monitored Dosage Systems - with charge where appropriate for the patient		
Alternative medicine pick-up locations (i.e. outside of GP practice)		
Any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)		
No additional services		

Please list compliance aids

Please list criteria for selected patient groups for delivery of dispensed medicines

Please list areas for delivery of dispensed medicines

Please specify times for delivery of dispensed medicines – Free of charge on request

Please specify times for delivery of dispensed medicines – with charge on request

Please specify patient criteria for dispensing in Monitored Dosage Systems – free of charge where appropriate for the patient

Please specify patient criteria for dispensing in Monitored Dosage Systems – with charge where appropriate for the patient

Briefly explain how the alternative medicine pick-up locations are arranged

Please specify any patient-specific requests (e.g. splitting tablet, preparing labels with bigger font)

Q11 Is there an additional service that you do not currently provide, but you are planning to start providing by 1st April 2023?

- Yes
- No

Please list

Q12 Is there a particular need for a locally commissioned service in your area?

- Yes
- No

What is the service requirement and why?

Q13 If your practice could be commissioned to provide similar services to those currently available under the additional services sections of the community pharmacy contract (New Medicines Service, Appliance Use Reviews) would you be prepared to do so?

- Yes
- No

Please specify type of service

Q14 In your opinion is the current provision of pharmaceutical services in Lincolnshire:

- Excellent
- Very Good
- Good
- Adequate
- Poor
- Very Poor

Q15 In your opinion do patients in your area have adequate access or not to the following services commissioned from, or provided by, some community pharmacies? *(Select all that apply)*

	Yes	No
Over-the-counter medicines	○	○
Supply of emergency contraception	○	○
Support to stop smoking	○	○
Chlamydia screening and treatment	○	○
Immediate access to emergency medicines	○	○

Q16 Do you feel that local provision would be improved by: *(Select all that apply)*

	Yes	No
Increasing the number of pharmaceutical service providers locally	○	○
Increasing the opening hours of existing local pharmaceutical service providers	○	○
Other	○	○

If other please specify

Click here for text

About You

Q17 Is there any other information you would like to share with us?

count out of 2500 characters

Q18 May the LPC update its details regarding premises, contact details, opening hours and related matters and services for you with the above information?

- Yes
- No

Q19 Please provide the contact details of the person completing this questionnaire on behalf of the contractor, if questions arise.

Name

Business Telephone Number

Business Email address

Thank you for taking the time to complete this survey.

Summary of dispensing practice questionnaire

Collection services

As per the GP contractor questionnaire, 83% of GP dispensaries offer delivery services to their patients. This service is available free-of-charge with 30 contractors (75%) and at a charge with 3 contractors (8%).

12 (30%) of respondents stated that they offer alternative pick-up locations (i.e., outside of GP surgery) for patients accessing dispensary services. The reported arrangements include:

- Delivery driver drops medications at selected points Mon to Fri
- Other surgery branch
- Collection offered in local shop or post office
- Automated collection points e.g., Pharmaself
- Uncollected medication sent to local pharmacy

Consultation facilities

Out of 40 respondents to the GP contractor questionnaire, 38 practices (95%) indicated that they had a consultation room, of which 100% are in a closed room.

Additional service provision

The proportion of responding GPs that provide services vary, with 98% of responding providing Dispensing Review Use of Medicines (DRUM), 88% NHS Health Checks commissioned by LCC, and 60% Sexual Health Checks.

Services provided by dispensing GP surgeries across districts of Lincolnshire

Area	DRUM	NHS Health Check	Sexual Health Services
Boston	100%	100%	100%
East Lindsey	100%	70%	80%
North Kesteven	86%	86%	57%
South Holland	100%	86%	29%
South Kesteven	100%	100%	67%
West Lindsey	100%	100%	50%
Out of area	100%	100%	50%
Lincolnshire	**98%**	**88%**	**60%**

Six GPs stated that by 1st April 2023, they are planning to start providing a service not currently provided. These new planned services include:

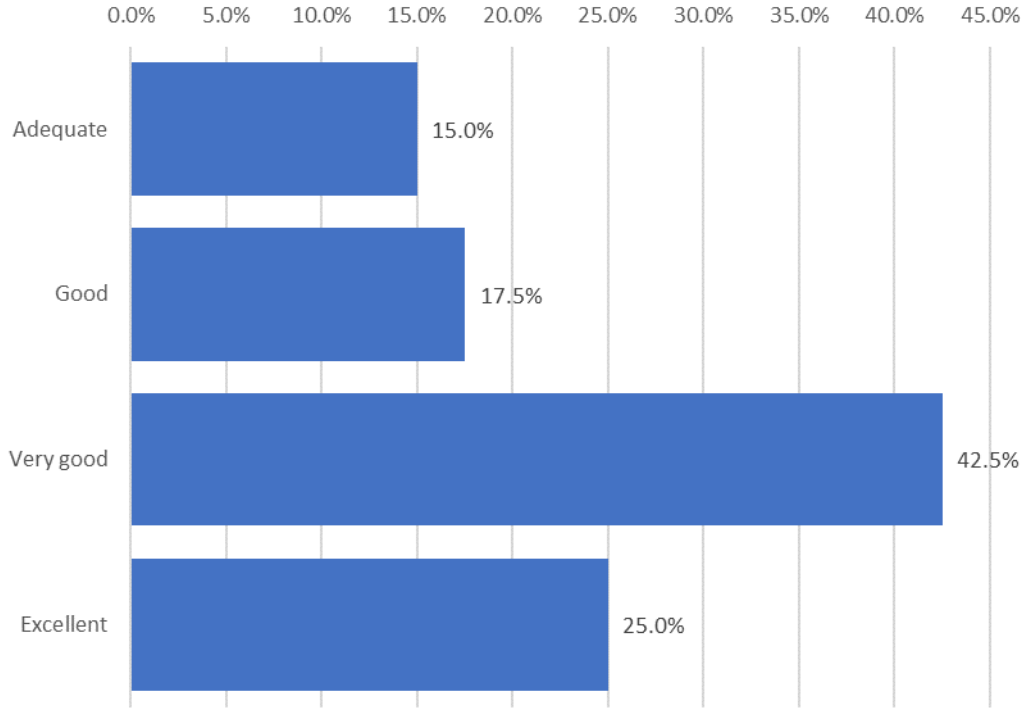
- Additional machine to dispense medications, so that items can be collected 24 hours a day, 7 days a week
- Signing up to the extended hours scheme and increasing the dispensary opening hours to include some evenings, weekends and bank holidays
- Looking into dispensing MDS
- Employing more health professionals to work in the practice
- Utilise the skills of the pharmacist who works in the practice
- Inhaler recycling

Perception of Pharmaceutical Services across Lincolnshire

Two practices reported a perceived need for a locally commissioned service in the area. They felt this would increase patient choice, reduce the number of complaints, and reimbursement for the delivery service provided and funded by the practice. Additionally, 55% of respondents stated that they would be prepared to provide similar services to those currently available under the additional services section of the community pharmacy contract (NMS and AUR).

More than two thirds (67.5%) of dispensing GPs feel that current provision is either very good or excellent, 17.5% feel it was good and 15% feel it is adequate.

Dispensing GP opinion of current pharmaceutical services in Lincolnshire



Public engagement of pharmaceutical services

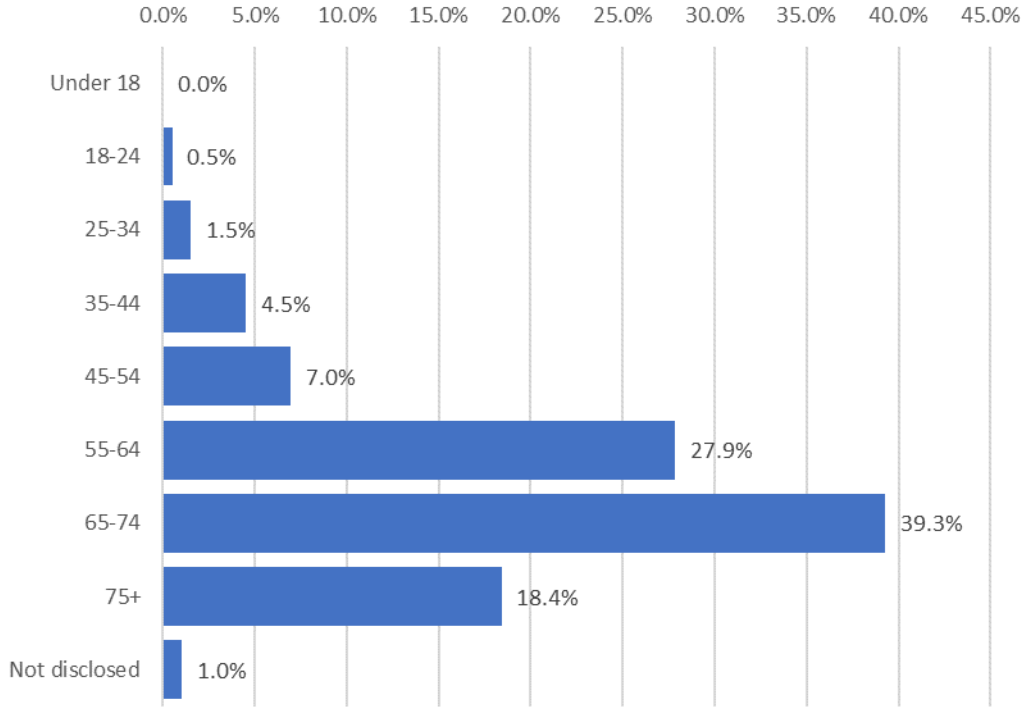
Healthwatch Lincolnshire carried out a public engagement survey in July and August 2021 to identify public perception of pharmaceutical services in Lincolnshire. Analysis from Healthwatch Lincolnshire revealed there were 203 respondents to the survey, and the results contain both quantitative and qualitative data. Our public engagement was considered to be representative of the Lincolnshire population to within a 7% margin of error with 95% confidence.

Demographics

Of the 203 respondents to the public engagement survey, 85.6% reported their age as over 55 years and 13.4% as under 55 years, while 1% chose not to disclose their age.

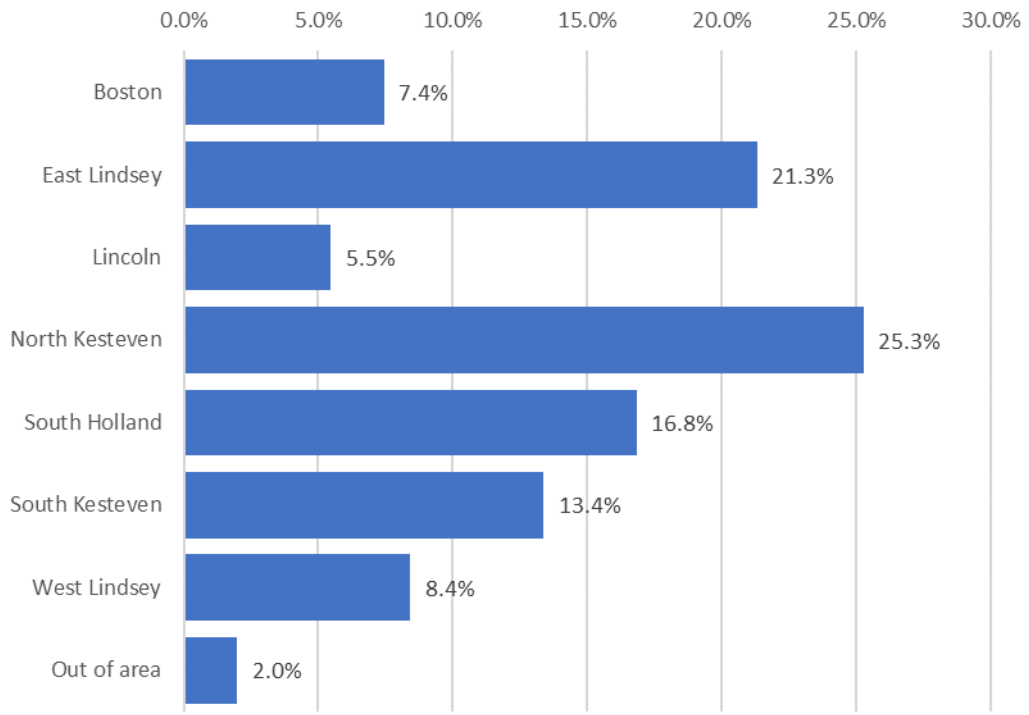
Additionally, 73.6% of respondents were female, and 26.4% were male; 25.4% of respondents consider themselves to be carers, and 76.6% consider themselves to have a disability or long-term health condition.

Age profile of respondents



Location of respondents varied across the county. North Kesteven (25.2%) and East Lindsey (21.3%) had the highest proportion of respondents, while Lincoln (5.5%) and Boston (7.4%) had the lowest proportion of respondents. There were four out of area respondents, who live in Cambridgeshire, North East Lincolnshire, North Northamptonshire and North Lincolnshire.

Location of respondents



Access

When asked how easy it was to access a local pharmacy, 80.8% of respondents felt it was easy or very easy to access, while 7.6% felt it was difficult or very difficult, and 11.6% felt it was neither easy nor difficult.

When asked the reason for visiting the local pharmacy, the majority (91.0%) of respondents stated it was for their prescription, 5.5% required over-the-counter items, 2.5% required minor ailment advice/treatment, and 1% required a flu jab.

Satisfaction

When asked how satisfied they were with the time it took to provide them with the required service, 76.7% of respondents were fairly or fully satisfied, 18.3% were not satisfied, and 5% were neither satisfied nor dissatisfied.

When asked, 78% of respondents felt that they could ask for confidential advice at their local pharmacy.

When asked about overall satisfaction of the staff, environment and service provided, 82.7% of respondents felt the service was good, very good or excellent, while 17.3% felt it was poor or very poor.

Pharmaceutical Needs Assessment

Statutory Consultation Report

Lincolnshire Health and Wellbeing Board

July 2022

Contents

About

On the 1st of October 2020, the NHS (Pharmaceutical Services) Regulations 2020 came into force requiring Health and Wellbeing Boards (HWB) to produce a Pharmaceutical Needs Assessment (PNA) no less frequently than every three years. A PNA is a review of the locations, the accessibility of, and the services provided, by pharmacies in Lincolnshire. The PNA provides a description of current provision and making available data, to enable effective future planning.

To meet the requirements of the 2020 Regulations, Lincolnshire HWB opened a 60 day (minimum) public consultation on the Draft PNA which was open for comments from 19th April 2022 to 20th June 2022 (63 days).

The Health Scrutiny Committee for Lincolnshire (please see Appendix 5 for more detail) supplied a written reply, stating:

> "The Health Scrutiny Committee is satisfied with the PNA's conclusion, as set out above, that the residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps were identified in the provision of necessary and other relevant services across Lincolnshire."

Methodology

Direction for the survey methodology was taken from technical guidance presented in the Information Pack by the Department for Health and Social Care, published October 2021. Adhering to these guidelines, all statutory duties have been discharged and extended upon by joint working between Public Health and Lincolnshire County Council (LCC) Engagement and Communication.

Communications and Engagement Plan

A Communications and Engagement Plan was developed and approved by the PNA Steering Group and the LCC Community Engagement Team (please see Appendix 1 for more detail). The plan included:

- The Lincolnshire Health and Wellbeing Board, LCC Health Scrutiny Committee, LCC Community Engagement Team, Healthwatch Lincolnshire; and the PNA Steering Group identified the minimum list of organisations that were consulted with (please see Appendix 2 for more detail). Links and documentation were emailed to all on the list on 19 April 2022
- Links and documentation were emailed to all County Councillors on 19 April 2022
- Messages were sent on the LCC 'Int Comms' channels; Invitations to contribute were sent to registered users of the Let's Talk Lincolnshire online engagement tool; and the details were added to town and parish newsletters, 20 April 2022.
- A summary was published in News Lincs – providing a link to the press release, a short summary, and signposting to the consultation, on 20 April 2022.
- Councillors and representatives of partner organisations were briefed during an Adult Care and Community Wellbeing Executive DLT meeting.
- Reminder emails were sent one month after the consultation opened and two weeks prior to consultation closing.

Equality Impact Assessment

An Equality Impact Assessment was carried out before and after the consultation. Please see Appendix 3 for more detail.

Accessibility & Inclusivity

- Printed copies of the draft PNA, the questionnaire, and associated documents, were made available upon request, by emailing HWB@lincolnshire.gov.uk (external link).
- Help with reading the draft PNA, and with completing the questionnaire, was an offer to anyone contacting Healthwatch Lincolnshire on 01205 820892 or by making a request by email to info@healthwatchlincolnshire.co.uk.
- Questions regarding diversity were included in the survey, these data being used to monitor public engagement.
- An Equality Impact Assessment is attached as Appendix 3.

Consultation Returns

The consultation returns were collected, compiled, and the PNA Steering Group discussed all comments and feedback received on 5th July 2022 (Please see Appendix 4 for more detail).

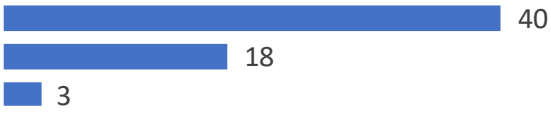
The Let's Talk Lincolnshire consultation webpage for the Draft PNA received:

- 633 Total visits
- 202 Downloads of the Draft PNA 2022
- 46 Downloads of the appendices of the Draft PNA 2022
- 27 Downloads of the Equality Impact Assessment of the Draft PNA 2022

This activity resulted in 63 submissions: 7 from registered users, 53 remained anonymous.

Q1 Do you know why the PNA has been created?

- **Yes** (65.6%)
- No (29.5%)
- Don't Know (4.9%)



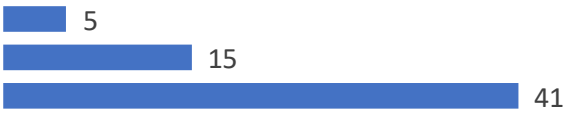
Q2 Does the PNA show the pharmaceutical services near you?

- **Yes** (54.1%)
- No (8.2%)
- Don't Know (37.7%)

Q3 Text responses from those that answered "No" to Q2 are presented in Appendix 4

Q4 Are there any pharmaceutical services missing from the draft PNA? (i.e., when, where and which services are available)

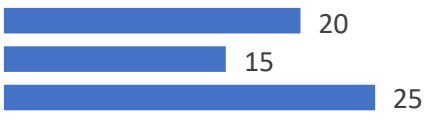
- Yes (54.1%)
- **No** (8.2%)
- Don't Know (37.7%)



Q5 Text responses from those that answered "Yes" to the Q4 are presented in Appendix 4

Q6 Does the draft PNA reflect the needs of the people in your area?

- **Yes** (33.3%)
- No (25.0%)
- Don't Know (41.7%)

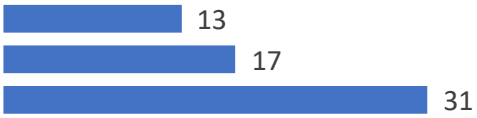


Q7 Text responses from those that answered "No" to Q6 are presented in Appendix 4

Q8 Does the draft PNA tell you where new pharmacy services may need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing

premises – or 'chemists').

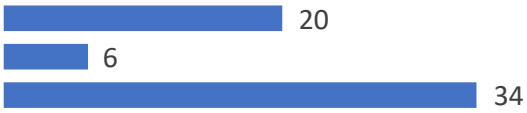
- Yes (21.3%)
- **No** (27.9%)
- Don't Know (50.8%)



Q9 Text responses from those that answered "No" to Q8 are presented in Appendix 4

Q10 Has the draft PNA shown how pharmaceutical services may be commissioned in the future? (A commissioned service is one that is paid for by the local authority).

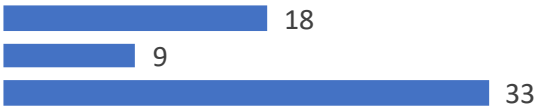
- **Yes** (33.3%)
- No (10.0%)
- Don't Know (56.7%)



Q11 Text responses from those that answered "No" to Q10 are presented in Appendix 4

Q12 Has the draft PNA provided enough information so that future provision of pharmaceutical services are secure? And, that the plans for any new pharmacies or dispensing appliance contractors are in place?

- **Yes** (30.0%)
- No (15.0%)
- Don't Know (55.0%)



Q13 Text responses from those that answered "No" to Q12 are presented in Appendix 4

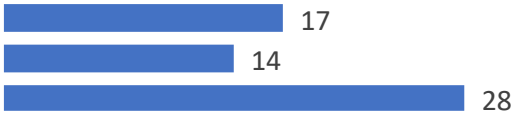
Q14 Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?

- Yes (20.0%)
- No (20.0%)
- Don't Know (60.0%)

Q15 Text responses from those that answered "Yes" to Q14 are presented in Appendix 4

Q16 Do you agree or disagree with the conclusions of the draft PNA?

- **Agree** (28.8%)
- Disagree (23.7%)
- Don't know (47.5%)

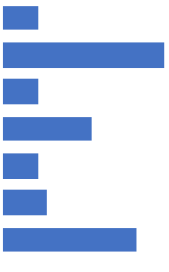


Q17 Please add any other comments…
Comments are appended with formal responses from the HWB and the PNA Steering Group.

Demographics

Q18 Which District do you live in?

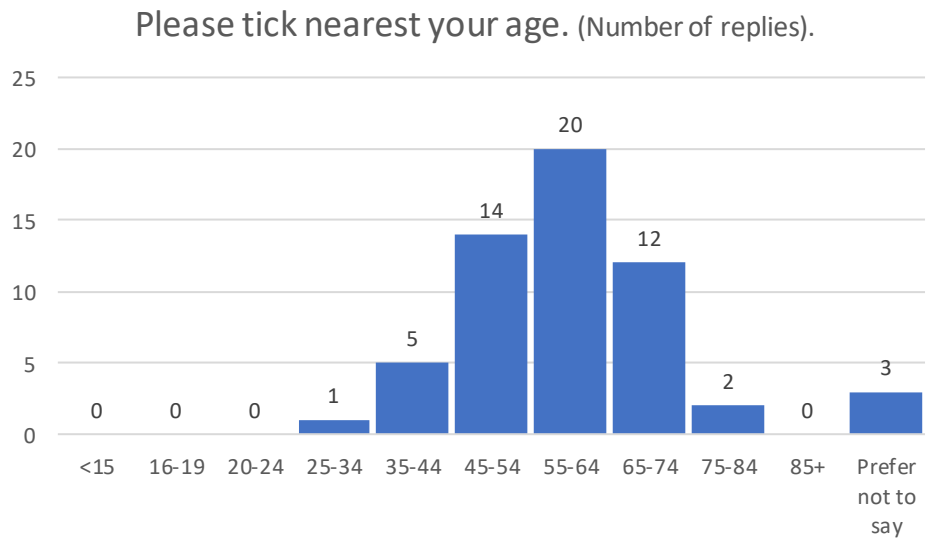
Boston	4
East Lindsey	18
Lincoln	4
North Kesteven	
South Holland	4
South Kesteven	
West Lindsey	15



Q19 What is your role or your interest in answering this questionnaire?

Member of the public	48
Town and Parish Councils	3
Lincolnshire County Council	3
Local Pharmaceutical Service Provider	2
Dispensing GP Practice	1
Other	4

Q20 Please tick the nearest to your age.



Appendix 1. PNA Consultation and Engagement Plan

1. Introduction and Background

The requirement for the Health and Wellbeing Boards (HWB) to produce a Pharmaceutical Needs Assessment (PNA) is set out in the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. A PNA must include information vital for making well informed decisions on whether local pharmaceutical services in a locality should change.

Decision makers likely to use the PNA include:

- Commissioners of NHS Services who will use the PNA to guide decisions on 'market entry':
    - make decisions on applications for new pharmacy and dispensing appliance contractor premises, or new services
    - make decisions on applications to relocate existing premises
    - commission enhanced services
- Potential contractors, who will use the PNA to apply to open new premises
- Existing pharmacy and dispensing appliance contractors (DACs) who will use the PNA to identify new services which they could provide
- Commissioners in Local Authorities and Integrated Care Systems (ICSs).

The mandatory requirement is for a PNA to inform pharmaceutical service (as defined below) commissioning by NHSE. Other potential uses of the PNA include:

- NHS Litigation Authority's Family Health Service Appeal Unit (FHSAU) will refer to the PNA when hearing appeals on NHSE decisions
- HWBs may refer to the PNA in planning to address health inequalities and improve health i.e., service commissioning that lies outside of the NHSE remit to commission pharmaceutical services
- The courts may refer to the PNA as part of judicial review.

The following are the required consultees on the draft PNA:

- any Local Pharmaceutical Committee (LPC) for its area (including any LPC for part of its area or for its area and that of all or part of the area of one or more other HWBs)
- any Local Medical Committee (LMC) for its area (including any LMC for part of its area or for its area and that of all or part of the area of one or more other HWBs)
- any persons on the pharmaceutical lists and any dispensing doctors list for its area
- any local pharmaceutical services (LPS) chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services
- any local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which, in the opinion of the HWB, has an interest in the provision of pharmaceutical services in its area
- any NHS trust or NHS foundation trust in its area
- NHS England and Improvement
- any neighbouring HWB

Wider partners within the health and care system, including District Councils, were offered the opportunity to respond to the consultation. The Health Scrutiny Committee for

Lincolnshire will also be invited to set up a working group to enable the committee to respond to the consultation.

2. Engagement/Consultation approach

As part of the design stage, and to support the development of the PNA, in addition to the minimum 60-day mandatory consultation, the PNA SG will undertake an engagement exercise with key stakeholder groups seeking views and comments on current pharmaceutical service provision. This will involve:

- Pharmacy contractor questionnaire – via SNAP survey sent by email
- Dispensing GP Practice questionnaire. – via SNAP survey sent by email
- Service user and public engagement – via Healthwatch Lincolnshire.

Responses will be analysed to help inform the draft PNA, updates to the Equality Impact Assessment (EIA) plus any further public engagement needed during the mandatory consultation phase.

The current EIA (last updated June 2021) identified that the following groups would have a positive impact on any recommendations made in the report (the EIA identified no negative impacts):

- Age
- Disability
- Pregnancy and maternity

A minimum 60 day consultation is a mandatory component of the PNA process. The consultation will be on the draft PNA document approved by the HWB at its September 2022 meeting. It is anticipated that the consultation questions will broadly cover the following:

- Has the purpose of the pharmaceutical needs assessment been explained?
- Does the pharmaceutical needs assessment reflect the current provision of pharmaceutical services within your area?
- Are there any gaps in service provision i.e., when, where and which services are available that have not been identified in the pharmaceutical needs assessment?
- Does the draft pharmaceutical needs assessment reflect the needs of your area's population?
- Has the pharmaceutical needs assessment provided information to inform market entry decisions i.e., decisions on applications for new pharmacies and dispensing appliance contractor premises?
- Has the pharmaceutical needs assessment provided information to inform how pharmaceutical services may be commissioned in the future?
- Has the pharmaceutical needs assessment provided enough information to inform future pharmaceutical services provision and plans for pharmacies and dispensing appliance contractors?
- Are there any pharmaceutical services that could be provided in the community pharmacy setting in the future that have not been highlighted?
- Do you agree with the conclusions of the pharmaceutical needs assessment?
- Dyou have any other comments?

- We will also collect some (optional) basic data about the respondent (in line with LCC guidance)

The Pharmaceutical Regulations mandate that the consultation must be for a minimum of 60 days. The planned dates for the consultation are from 19 April 2022 to 20 June 2022.

The regulations also list a range of stakeholders who must be consulted. A stakeholder list (see Section 3) has been developed by the PNA Steering Group and will be used to help distribute the questionnaires.

An Equality Impact Assessment (EIA) was produced in June 2021 to identify any vulnerable groups which may need to be targeted. It will be kept under review and updated following the engagement surveys with Community Pharmacies and dispensing GP practices and the patient and public engagement being completed by Healthwatch Lincolnshire.

3. Consultation stakeholders list

Who	Methods of engagement (survey distribution throughout)	Why
Local Pharmaceutical Committee	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Local Medical Committee	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Dispensing Appliance contractors	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Dispensing GP Practices	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Local Pharmaceutical Service Provider	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs

Who	Methods of engagement (survey distribution throughout)	Why
NHS Trust/ Foundation Trust	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
NHS England and Improvement	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Neighbouring HWB	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
Healthwatch Lincolnshire	Email to be sent through to their distribution list, for sharing on twitter and Facebook, to take to provider meetings in ICS localities and social group meetings. These will provide a link to the online survey which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Compulsory as per regs
District Councils & wider partners in the health and care system	Email – a link to the online survey will be made available which will give details to the purpose of the PNA and why we are consulting. A draft summary will be presented along with the questions for the stakeholders to complete	Interested party
Health Scrutiny Committee for Lincolnshire	Draft report presented to the Committee. A working group will be set up to review the document and provide a formal response to the consultation. The final PNA document will be presented to the committee in September 2022 prior to sign off by the Health and Wellbeing Board in September 2022.	Interested party
Town and Parish Councils	Short article, including details of the consultation and a link to the online survey in the Council's newsletter to Town and Parish Councils.	Interested party

Who	Methods of engagement (survey distribution throughout)	Why
Public	Healthwatch undertaking a range of engagement opportunities as part of the ongoing work programme to gather service user and public views on pharmaceutical services in Lincolnshire. A link to the statutory consultation will be put on the Council's website and promoted through the Council's social media and communication channels including sending the link to the survey to individuals on the Council's engagement database who have expressed an interest in engagement activities on health. We will provide, on request, a paper copy of the draft document and consultation.	As users of pharmaceutical services

4. Communications management

What outcome do we want to achieve?	• We manage to consult with a good cross section of stakeholders of pharmaceutical services.
Who are the audiences we need to communicate with?	• We need to communicate with the groups listed above through the normal channels of engagement used by the council, Healthwatch Lincolnshire and partners, as identified in Section 3. • Required consultees need to have the communications distributed to them first and then to cascade everyone else.
When should communication take place to maximise the chances of the outcome being achieved and minimise the risk?	• Communications should go out on the first day of any engagement exercise/mandatory consultation.
How will the communications be coordinated?	• Communications will be coordinated by the Public Health Division in conjunction with the LCC communications team and ICS communication lead. • Emails will be drafted and approved by the Chair of the PNA SG to be sent through a formal council email address to the required and non-required consultees.
What are our key messages?	• To understand the views of users and providers of pharmaceutical services in Lincolnshire on the current and future provision of services and whether the report accurately reflects this.
Which channels of communication should we use?	• Electronic, with paper copies available

What outcome do we want to achieve?	• We manage to consult with a good cross section of stakeholders of pharmaceutical services.
What are the risks associated with the issue?	• A lack of engagement, however this is to be mitigated by creating this plan and supported by the steering group and their partners. • Individual providers may disagree with the report however ensuring the analysis in the report is done in a robust way will allow us to hold up any statements made in the PNA.
How will we know if we've been successful or not?	• Key stakeholders engaged. Ensuring we have reached out to the population and tried to engage will ensure we have followed a process and tried to engage with the public. The number of responses will not be a measure of success.

5. Feedback consideration

Feedback will be collated by Public Health and presented to the PNA SG after the consultation. A consultation report will be produced and reported to the Health and Wellbeing Board in September 2022 alongside the final PNA.

6 Timeline

The mandatory PNA consultation period needs to run for a minimum of 60 days. The current timeline is as follows:

29 March 2022	Draft PNA document signed off for consultation by the Health and Wellbeing Board
19 April 2022 – 20 June 2022	Mandatory consultation period
June 2022 – September 2022	Feedback reviewed and consultation report produced
27 September 2022	Consultation report presented to the Health and Wellbeing Board and PNA 2022 approved for publication

Appendix 2. List of stakeholders approached

The following organisations were consulted with on the draft PNA during Tuesday 19 April 2022 and Monday 19 June 2022:

- Dispensing Appliance Contractors
- Dispensing GPs
- District Councils
- East MAS
- Healthwatch Lincolnshire
- LinCa
- Lincolnshire Community Health Services
- Lincolnshire Health and Wellbeing Board Members
- Lincolnshire Health Scrutiny Committee
- Lincolnshire Partnership Foundation Trust
- Local Medical Committee
- Local Pharmaceutical Committee
- Neighbouring Health and Wellbeing boards
- NHS England and NHS Improvement
- Pharmacies
- Primary Care Networks
- Public
- Town and Parish Council
- United Lincolnshire Health Trust
- Voluntary Engagement Team

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

I. help decision makers fulfil their duties under the Equality Act 2010 and
II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to: -

(i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
(ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
(iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
(iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision-making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision-making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?
The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions "Who might be affected by this decision?" "Which protected characteristics might be affected?" and "How might they be affected?" will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.
You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Lincolnshire Pharmaceutical Needs Assessment 2022	**Person / people completing analysis**	Alison Christie / Vincent Gibson
Service Area	Public Health Division	**Lead Officer**	Alison Christie
Who is the decision maker?	Lincolnshire Health and Wellbeing Board	**How was the Equality Impact Analysis undertaken?**	Desk top exercise
Date of meeting when decision will be made	27/09/2022	**Version control**	1
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Commissioned
Describe the proposed change	The 2022 Pharmaceutical Needs Assessment (PNA) for Lincolnshire will assess the provision of pharmaceutical services within Lincolnshire and neighbouring HWB areas. The assessment will make recommendations to fill any gaps in the provision of pharmaceutical services, and also recommendations for improvements and/or better access to current provision. It will pay regard to the existing 2018 PNA, the current JSNA, and other local strategic documents, such as the NHS Long Term Plan. It will not make any recommendation to stop or reduce provision. Conclusions drawn from the assessment will consist of either of the following: A) No change as provision of pharmaceutical services is satisfactory for the population of Lincolnshire; or B) A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Lincolnshire		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.
To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: http://www.research-lincs.org.uk If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the Council's website. As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using BWON.

Positive impacts
The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state *'no positive impact'.*

Age	[Evidence: (Office of national statistics 2019 mid-year estimates for Lincolnshire (published 24 June 2020)) • Population of Lincolnshire: 761,224 • 19.2% of people are aged under 16 years • 59.1% aged 16-64 years (working age) • 23.6% of the population is aged over 65 years (Link to the Dataset accessed 16/06/2021) Impact: Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire Testing these assumptions will be part of the consultation]
Disability	[Evidence • There are currently estimated to be 60,000 working age (18-64) adults and 38,000 older people, living in Lincolnshire with a long-term illness or physical disability. (Source: POPPI and PANSI) • Of working age adults, there are 10,571 adults with a learning disability in Lincolnshire, 2021. • There are 93,541 persons with a "long-term health problem or disability." (NOMIS 2011 Census Data, Accessed May 2021) • There are 72,591 working age persons (Aged over 16) with a Long term health problem or disability (NOMIS Projected 2011 Census Data, Accessed May 2021) • There are 41,652 aged 65 and over with a limiting long term illness whose day-to-day activities are limited a lot. (POPPI, 2021) Impact

	The PNA takes account of health needs, with a particular focus on the needs of people living with disabilities and long-term health conditions. It will assess access to, and availability of, Pharmaceutical Services in Lincolnshire and will then consider any actions necessary to reduce health inequalities and barriers to pharmaceutical service provision experienced by people with different types of disabilities, such as residents with Learning Difficulties and Disabilities, Deaf residents, residents with Mental Health needs, etc. Options will be considered to improve access and availability. Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire Testing these assumptions will be completed as part of the consultation.
Gender reassignment	No positive impact anticipated
Marriage and civil partnership	No positive impact anticipated
Pregnancy and maternity	Evidence Good maternal health and wellbeing during pregnancy is essential for a child's health, wellbeing and educational outcomes. • For Lincolnshire, the General Fertility Rate (GFR) (Live births per 1,000 for women aged 15-44) was, **63.2 in 2010** but fell to **59.7 in 2016**. This reflects both regional and national trends. • In 2014, Boston had the highest GFR at 71.4, Lincoln City the lowest at 54.4. By 2016 Boston GFR was still highest at 67.1 and Lincoln the lowest at 51.2 • There is a fall in rate of stillbirths for Lincolnshire **from 4.8** per 1000 births (ONS, 2016) **to 2.8** (ONS, 2019) • Lincolnshire: 2014 – 2018, 1.62% of full-term babies were born with low or very low birth weight; the England average is higher at 2.9%. (PH Intelligence Birth Data) Impact The PNA takes account of health needs, of residents in Lincolnshire. Any recommendation to change in provision may result in a positive impact to those who are pregnant as services will improve if needed.

	Testing these assumptions will be completed as part of the consultation]
Race	[No positive impact]
Religion or belief	[No positive impact]
Sex	[No positive impact]
Sexual orientation	[No positive impact]

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

[Evidence

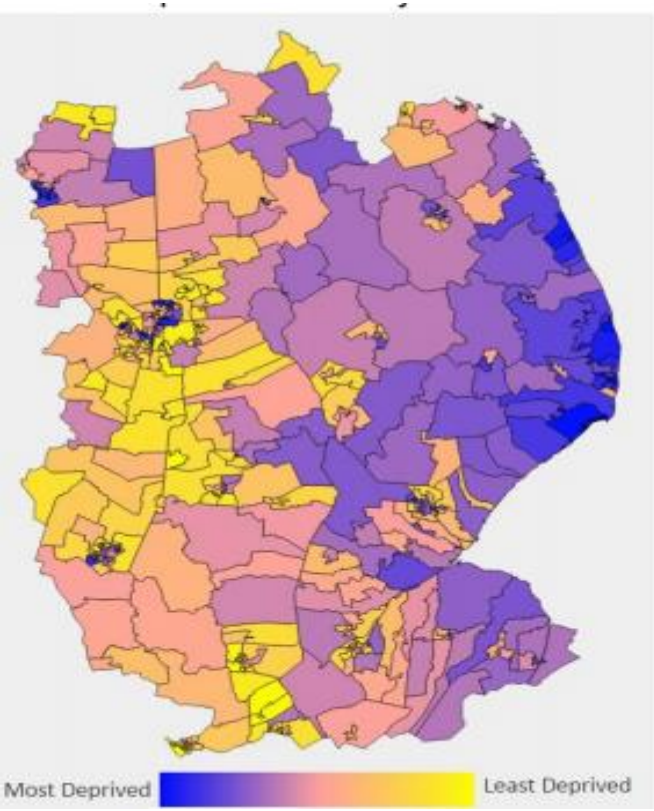
1. There are many communities that live in a rural location in Lincolnshire.

Table 1: Rural-Urban classification of Lincolnshire districts

District	Rural-Urban classification 2011
Boston	Urban with Significant Rural (rural including hub towns 26-49%)
East Lindsey	Mainly Rural (rural including hub towns >=80%)
Lincoln	Urban with City and Town
North Kesteven	Mainly Rural (rural including hub towns >=80%)
South Holland	Largely Rural (rural including hub towns 50-79%)
South Kesteven	Largely Rural (rural including hub towns 50-79%)
West Lindsey	Mainly Rural (rural including hub towns >=80%)

Source: Department for Environment, Food & Rural Affairs, 2011 Rural Urban Classification

2. Indices of Deprivation (2019)



This map shows the contrasts that can be seen in the urban areas of Gainsborough, Lincoln, Grantham and Boston in comparison to areas in the rest of the county. A contrast can also been seen when comparing the East Coast to the rest of the county. This general pattern of deprivation across Lincolnshire is in line with the national trend, i.e that urban and coastal areas show higher levels of deprivation than other areas.

The Lincolnshire coastline, particularly the towns of Skegness and Mablethorpe are amongst the most deprived 10 percent of neighbourhoods in the country. In addition, the surrounding Local Supper Output Areas are within the most deprived 30 percent, which, for rural areas, is quite unusual.

Further evidence on Indices of Deprivation is available on the LRO - Lincolnshire Research Observatory - Deprivation and Poverty in Lincolnshire (research-lincs.org.uk)

Impact

The PNA will assess and make regard to these communities to ensure they have access to pharmaceutical services by analysing the services provided by distance and population.

Any recommendations around lack of current or foreseen future provision (in the next three years) may result in a positive impact on provision of pharmaceutical services in Lincolnshire

Adverse/negative impacts
You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.
If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state *'No mitigating action identified'*.

Age	**No perceived adverse impact**
Disability	**No perceived adverse impact**
Gender reassignment	**No perceived adverse impact**
Marriage and civil partnership	**No perceived adverse impact**
Pregnancy and maternity	**No perceived adverse impact**

Race	**[No perceived adverse impact]**
Religion or belief	**[No perceived adverse impact]**
Sex	**[No perceived adverse impact]**
Sexual orientation	**[No perceived adverse impact]**

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.
[No perceived adverse impact]

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this, and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e., Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

Prior to the production of the Draft PNA, Healthwatch Lincolnshire included questions about pharmaceutical services and needs as part of their regular engagement activities with service users, patients and the public. This engagement will include engaging with PPGs across the county and with groups with protected characteristics. The purpose of this work is to seek the public's views on access to pharmaceutical services in Lincolnshire. To ensure there is an equality of access for all people within Lincolnshire HWB area.

The consultation will be on the findings of the draft Pharmaceutical Needs Assessment, approved by the HWB at its September 2021 meeting. It is anticipated that the consultation questions will broadly cover the following:

- To what extent do you agree or disagree with this assessment? (The findings on whether there are gaps or not in pharmaceutical provision)
- To what extent do you agree or disagree with the other conclusions contained within the draft PNA
- In your opinion, how accurately does the draft PNA reflect each of the following? (Current provision of pharmaceutical services, current pharmaceutical needs of Lincolnshire's population, and future pharmaceutical needs of Lincolnshire's population (over the next three years)

- Any other comments

Any conclusions drawn from the assessment will be tested during the consultation which is a mandatory 60-day consultation. This is supported by a Consultation and Engagement plan. The conclusions will consist of either of the following:

- No change as provision of pharmaceutical services is satisfactory for the population of Lincolnshire
- A gap is identified and needs to be fulfilled to help improve access to pharmaceutical services for the population of Lincolnshire

For the consultation, the following are mandatory consultees as per the Pharmaceutical Regulations 2013:

(a)any Local Pharmaceutical Committee for its area (including any Local Pharmaceutical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(b)any Local Medical Committee for its area (including any Local Medical Committee for part of its area or for its area and that of all or part of the area of one or more other HWBs);

(c)any persons on the pharmaceutical lists and any dispensing doctors list for its area;

(d)any LPS chemist in its area with whom the NHSCB has made arrangements for the provision of any local pharmaceutical services;

(e)any Local Healthwatch organisation for its area, and any other patient, consumer or community group in its area which in the opinion of HWB1 has an interest in the provision of pharmaceutical services in its area; and

(f)any NHS trust or NHS foundation trust in its area;

(g)the NHS England

(h)any neighbouring HWB.

]

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	We asked, "**Would the draft PNA have an impact on you due to any of the following?** **Number of responses:** **Positive impact 6; Negative impact 8; No impact 37**
Disability	**Number of responses:** **Positive impact 3; Negative impact 10; No impact 37**
Gender reassignment	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**
Marriage and civil partnership	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**
Pregnancy and maternity	The consultation survey included two questions regarding pregnancy, 1: "**Are you pregnant?**" No 45; Not applicable 10; Prefer not to say 4, and, 2: "**Have you had a baby in the last 12 months?**" No 45; Not applicable 11; Prefer not to say 4 Having received no comments or queries regarding pregnancy and maternity, there is a high confidence that this area of EIA has been accounted for.
Race	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**
Religion or belief	**Number of responses:** **Positive impact 1; Negative impact 2; No impact 46**

Sex	[**Number of responses:** **Positive impact 1; Negative impact 5; No impact 44**]
Sexual orientation	[**Number of responses:** **Positive impact 1; Negative impact 1; No impact 47**]
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	[Yes. Numerous communication channels were used to advertise and raise awareness of the consultation; The consultation period was open longer than the recommended requirement; The number of responses were greatly increased from the previous PNA consultation; The EIA questions relating to Protected characteristics were taken from National Guidance; and the "Roll out" of EIA related content was governed by LCC's Engagement Team and the PNA Steering Group.]
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	[During discussions of the PNA Steering Group, and in acceptance of the HWB, with oversight from HealthWatch Lincolnshire, analysis of findings resulted in there being no significant changes to be made to the PNA 2022. However, some comments of note have been recorded and shared with those for whom the comments may be useful/of interest; and, analysis of some procedures will be refined for future PNA work. As an example, a more detailed approach to version control for documents which necessitate multiple authors. As the PNA is a recurring duty for the local authority, changes in the pharmaceutical landscape will be addressed as and when they require attention – in addition to, "each HWB must publish a statement of its revised assessment within 3 years of its previous publication of a pharmaceutical needs assessment", as required by current legislation. (Quoted from The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.]

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
Signed off by	Alison Christie	**Date**	15/08/2022

Appendix 4. Consultation Comments and Responses

	Submitted by…	Comment	Agreed Steering Group Response
Q2	**Does the PNA show the pharmaceutical services near you?**		
Q3	**If NO, please describe:**		
	Anon.	Local needs are limited in LN12 area in both Pharmacists and Pharmacist opening times	Services are delivered where required. East Lindsey has 16.9 community pharmacies per 100,000 population, less than the national average. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey provide many necessary and other additional services.
	Anon.	Don't know what pna is	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.
	Bullrush	PNA is new terminaology to me, and Google dosn't recognise this acronym as medical. To find an equivalent "chemist" list must Google "pharamceutical services" in a town, but only get those in that town excluding the surrounding area.	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.
	Rodge	When reviewing the documents attached to the e-mail related to this questionaire, I have been unable to find the local service provider's list.	A full Providers List is published in the Appendix 1 of PNA2022.
	Anon.	No services in our village	Anonymous provided Insufficient information for changes to be made to the PNA2022.
Q4	**Are there any pharmaceutical services missing from the draft PNA? (i.e., when, where and which services are available)**		
Q5	**If YES, please describe:**		
	Anon.	24/7 access to collect emergency prescriptions	This matter is covered with Out of Hours services. A night opening pharmacy Peterborough is within the 10km boundary of Lincolnshire.
	Bullrush	As above, what is this PNA?	PNA is described in Executive Summary and Sections 1.3-1.4 of the document.

	Anon.	Boots well and Tesco are both very busy . They do an average of 11000 items a month . The waiting times can be up to one hour . This is totally unacceptable. I therefore of the opinion that Bourne needs another pharmacy especially since more than 2000 houses have been built since the last pharmacy was opened . Covid has changed everything and another pharmacy in Bourne will provide a safety net for the population. There have been many times since the last two years that well Tesco and boots have failed to find a pharmacist to cover their stores.	There are three pharmacies in Bourne and two dispensing GP surgery. Distance selling pharmacies are also one of the alternative options available. For the lifetime of the PNA 2022, HWB Lincolnshire and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on available evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA will be revisited at an interval of no greater than three years. In the meantime, any changes affecting provision of pharmaceutical services of interest to the PNA will be addressed through supplementary statements, as per legislative requirements.
	Anon.	The hours that chemists are open in rural areas - there are no Sunday opens within a 20 mile radius	Analyses by Public Health Intelligence team uses drive-time datasets to indicate access to pharmacies. 18% of pharmacies are open on Sundays. 99.2% residents of Lincolnshire can access a community pharmacy on a weekend within a 30-minute drive. Anonymous provided insufficient information for changes to be made to the PNA2022.
	Anon.	Our village needs a pharmaceutical service	Anonymous provided insufficient information for changes to be made to the PNA2022.
Q6	**Does the draft PNA reflect the needs of the people in your area?**		
Q7	**If No, please describe:**		
	Anon.	Live rural	No change to document required.

	Anon.	The NHS long term plan describes the case for developing extended primary care teams to work across populations of between 30-50,000 patients. The teams, known as Primary Care Networks consist of general practitioners, nurses, pharmacists and other healthcare professionals working together to achieve improved health outcomes for patients they serve. Continued growth in demand however is placing significant pressure on the supply of general practitioners. As a result of the pandemic general practice is facing a significant challenge in meeting demand. National initiatives to support meeting increasing demand include the Community Pharmacy Consultation Service, a service which is not easily available to patients who reside in Keelby and surrounding area. Lincolnshire and North East Lincolnshire are areas which have difficulty in recruiting general practitioners. In order to help alleviate the problem in GP recruitment the GP Forward View published in 2016 and more recently in the announcement of GP contractual changes from April 2019, NHSE places significant emphasis on the development of clinical roles to support high quality and integrated care delivery for patients. The Roxton Practice has been at the forefront of developing its extended primary care team. Working alongside the general practitioners are four clinical pharmacists, three pharmacy technicians, one superintendent physio delivering joint injection under ultrasound guidance, two paramedics who are both independent prescribers and six advanced nurse practitioners who work autonomously and independently prescribe. The medical and clinical team is supported by care navigators in our centralised contact	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB have concluded that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.

		centre who aim to ensure patients are seen by the most appropriate clinician or service for their condition. The practice is leading the way locally in embracing digital and technological solutions to support care delivery. We now have systems implemented to enable patients to access services via the telephone and online, including our vitual self-care portal Despite the extensive workforce and technologies in use at the practice it remains a challenge to maintain clinical presence for tradition face to face consultations at our Keelby site during core hours. Previously the practice has had to take the difficult decision to close branch surgeries due to the inability to cover multiple smaller sites. Pharmacy Services A pharmacy co-located with the GP surgery, utilising the same clinical system and managed by clinical pharmacists will enable joined up care for patients, maximising the outcomes resulting from care navigation from our contact centre. The Roxton Practice's recruitment of clinical pharmacists has been a great success, both from a patient experience and workforce supply perspective. They currently provide telephone advice to patients and face to face clinics from our two larger sites of Pilgrim Primary Centre Immingham and Weelsby View Health Centre Grimsby. They do not provide face to face services from Keelby and patients who live in the village and surrounding area do not have access to pharmacy services to supplement core general practice provision. A local pharmacy service in Keelby will educate the population on self-care using over the counter medicines, reducing wastage across NHS services. The promotion of healthier lifestyles with reference to diet, exercise and stopping smoking, helping to reduce admissions	

		to hospital and contribute to the reduction in deaths from lung cancer. Sexual health and obesity are also our priorities to be actioned within the pharmacy. The pharmacy would also play an active role in providing contraception advice, reducing alcohol intake, advice on diabetes, drug abuse and promoting further NHS services. We would work with patient groups and the community in providing relevant services to the health needs and expectations of the public in line with the PSNC recommendations of using NHS England, Public health England and the DH for public health campaigns. The pharmacy would provide several ways of ordering repeat prescriptions including an online service, electronic prescription service and click and collect to meet the demands of the patients and give them more options to order their prescriptions. We would take pride in providing a "hub and spoke" service integrating some of our efficient services from the practice which would predominately give us more opportunities to make further savings to the NHS. We would provide a home delivery service to the housebound keeping them in touch with the community.	
	Anon.	We need a new provion as ours provisions lease only has 18months left	Anonymous provided insufficient information for changes to be made to the PNA2022.
	Anon.	Need more local out of hours pharmacies	Access to emergency medicines during out-of-hour periods is covered by Out of Hours services in Lincolnshire.
	Anon.	Boots Tesco and well use the same 2/3 wholesalers. We need an independent pharmacy who has access to 6-7 different wholesalers and someone who does dosette boxes. There has not been a new pharmacy built since Tesco opened over 10 years ago yet 1000s of more properties have been built. We need a pharmacy for elsey park as ppl	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence.

		with no transport can't walk to Tesco as it's nearly a mile away. 2000 homes have been built in elsey park with another 500 in the process.	99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	It doesn't address the 2000 homes that have been built and another 500 being built	Anonymous did not provide enough information. In the immediate future, i.e., the lifetime of this document, a need to expand provision may develop. For example, the North Kesteven Forward Plan does account for housing development, but in reality, it could be a number of years for developers to begin 'breaking ground'. Based on existing evidence, HWB concluded that additional pharmacy in Bourne is required not required. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	Services aren't delivered equitably across the county the East Lindsey are is lacking in local services	Existing evidence indicates that services are delivered where required. East Lindsey has 16.9 Community Pharmacies per 100,000 population. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey provide many additional services which are out of scope for the purpose of PNA.

	Anon.	Keelby has a population of around 2,400. There has been no significant building of new low cost houses for over 3 decades and the age of the population has significantly changed upwards over that time. Keelby a lively village with: GP Branch Surgery 3 convenience stores, one of which operates a Post Office 2 takeaways 2 Pubs, one selling food Tea Room Village Hall Large Sports Centre used by Football team; Cricket; Bowls Green; tennis courts; Skate Park 2 beauty Salons Primary School 2 Pre-schools Volunteer run Library But no Pharmacy! Residents in the village of Keelby and surrounding area have limited access to pharmaceutical services. The closest pharmacies are located at least 5 miles away in villages and in Immingham (4.2 miles and 5.2miles). However, these are not easy to access without a car and Keelby has a limited bus service. Residents of Keelby who wish to access the Immingham Pharmacies would be required to make at least two separate bus journeys, which could take well over 2 hours. Outline planning has been approved for a new medical centre within the Village, located close to a convenience store which opened summer 2021. The PPG have expressed an interest to our local dispensing GP practice (The Roxton Practice) to open within the footprint of a new medical centre. The Patient Participation Group for the Roxton Practice is fully supportive of this proposal.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a “live document” and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
	Anon.	Our pharmacy is being closed on a Saturday shortly and doesn’t open on a Sunday meaning people who work Monday to Friday won’t be able to collect their drugs. Plus it already takes a week to get repeat prescriptions from the pharmacy once they receive the script from the drs.	Anonymous provided Insufficient information for changes to be made to the PNA2022.

Q8	**Does the draft PNA tell you where new pharmacy services may need to be created? (This would allow pharmaceutical providers to apply to open new pharmacies or new dispensing premises – or 'chemists').**		
Q9	**If No, please describe:**		
	Anon.	Don't understand question	N/A
	Anon.	One Pharmacist has closed in Mablethorpe and needs replacing	When the outgoing contract was originally granted access to the pharmaceutical list, this was granted by exemption under the National Health Service (Pharmaceutical Services) Regulations 2005. The original contract holder had committed to 100 hours of pharmacy cover per week, and so, bypassed the 'necessary and expedient' regulatory test required for standard-hour pharmacies. This meant there may not, initially, have been the need for those hours in that location. The PNA assessed pharmaceutical needs in Mablethorpe on the day that the PNA was published and both steering group and HWB deemed access to be reasonable and patient choice is preserved. The PNA is a "live document" so pharmaceutical needs are continually assessed and will be reassessed if this statement changes, based on future evidence of need.
	Anon.	Insufficient for number of new homes being built	Insufficient information for changes to be made to the PNA2022.
	Anon.	Not enough pharmacist for our growing population. A big shortage of experienced staff	Insufficient information for changes to be made to the PNA2022.
	Anon.	Don't know what this is	Insufficient information for changes to be made to the PNA2022.
	bullrush	There is no publicised PNA, only a conceptual summary.	Insufficient information for changes to be made to the PNA2022.
	rodge	The report indicates that Lincolnshire is adequately covered.	See report from HWB
	Anon.	looks at increases in numbers/vulnerable people in the future only Assumes starting from base where needs are already met. Does not identify the gaps where needs are not met currently	N/A
	Anon.	No but need to	Insufficient information for changes to be made to the PNA2022.

	Anon.	No requirement identified across the area.	Insufficient information for changes to be made to the PNA2022.
	Anon.	We need a new pharmacy in elsey park Bourne to cater for the 2000 homes that have built and 500 in the pipeline	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	It says pharmacy services are adequate. I disagree. Well pharmacy is closed all weekend. Boots and Tesco waiting times are long and there have been many times where they are closed due to no pharmacist. We need another pharmacy	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	The PNA says there are enough in the county. Personally I think everyone should be able to collect their meds from the drs surgery	Out of scope of PNA2022.

	Anon.	The Roxton Practice, which is based at the Pilgrim Primary Care Centre in Immingham, has been granted outline planning permission to build a new Health Centre in Keelby, with an expectation that it would offer full pharmaceutical services (rather that the 'branch' service available through the present Keelby Health Centre). This is an important opportunity in a village that presently has 950 homes and a population of over 2000, but that also serves as a service centre for a number of surrounding villages. There is currently no direct public transport service to Immingham, anyone without access to a vehicle can only get there by bus by changing in Grimsby. Call Connect does not take people to Immingham because it is 'out of county'. It would be hugely beneficial to many, not least the significant older demographic, to be able to access pharmaceutical services in Keelby.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a "live document" and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
Q12	**Has the draft PNA provided enough information so that future provision of pharmaceutical services are secure? And, that the plans for any new pharmacies or dispensing appliance contractors are in place? (A Dispensing Appliance Contractor deals in equipment and appliances rather than pharmaceuticals or 'drugs').**		
Q13	**If No, please describe:**		
	Anon.	This is the first I have heard of it.	Insufficient information for changes to be made to the PNA2022.
	Anon.	can't answer as dont know any draft	Insufficient information for changes to be made to the PNA2022.
	bullrush	As previous, where is this PNA?	Insufficient information for changes to be made to the PNA2022.
	Anon.	It says we don't need another pharmacy when we clearly do	Insufficient information for changes to be made to the PNA2022.
	Anon.		Insufficient information for changes to be made to the PNA2022.
	Anon.	It says we don't need another pharmacy when we clearly do	Insufficient information for changes to be made to the PNA2022.

	bullrush	There is no publicised PNA, only a coneptual summary.	Insufficient information for changes to be made to the PNA2022.
Q14	**Are there any pharmaceutical services that could be provided by a community pharmacy in the future that have not been highlighted in the PNA?**		
Q15	**If Yes, please describe:**		
	Anon.	GPs Trent valley Torksey	Insufficient information for changes to be made to the PNA2022.
	Anon.	Diagnostics eg BP. Osteoporosis. Maybe child vaccinations. Holiday vacs (paid for by client not nhs)	The services mentioned in the comment are not defined as "necessary services" and so are out of scope of the PNA2022.
	Anon.	Get some in Tetney. The village is expanding at an incredible rate but we still have to drive (as there is no suitable public transport) to either Holton-le-Clay or North Thoresby	Rurality, controlled localities and the provision of pharmaceutical services by doctors are clearly defined by NHSEI for which are taken into account for residents living in a controlled locality such as Tetney. Existing evidence indicates that access to pharmaceutical services is satisfactory, and that there is reasonable patient choice for residents of the area. Patient choice include distance selling pharmacies. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. This is referred to in the PNA document.
	Anon.	All pharmacies do home delivery for the disabled	Out of scope of PNA2022.
	Anon.	Lots of community services - CAS, urgent Care home visiting, UTCs etc prescribe and can issue drugs from their own stock. I didn't see this mentioned in the PNA, maybe its not seen as relevant? I think it's a really good way of providing extra cover, especially during OoH. CAS used to have it's own pharmacist, not sure if it still does.	Topic is considered as part of PNA2022 in Appendix 1 as "Other NHS services".
	Anon.	Further and broader close interaction with NHS services to reduce inconvenient trips to hospitals for small activities such as injections.	Out of scope of PNA2022.

	Anon.	Please see Q4 - Keelby	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a "live document" and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
	Anon.	We desperately need someone who does blisters and free delivery of meds as boots now charge	Outside the scope of PNA2022.
	Anon.	Tesco and well pharmacy don't do dosette. Boots charge for delivery's.	Out of scope of PNA2022.

	Anon.	Outline planning has been approved for a new medical centre within the Village, located close to a convenience store which opened summer 2021. The PPG have expressed an interest to our local dispensing GP practice (The Roxton Practice) to open within the footprint of a new medical centre. The Patient Participation Group for the Roxton Practice is fully supportive of this proposal.	Keelby is in Lincolnshire and lies less than 1km from the border with North East Lincolnshire. The Health Centre in Keelby is a satellite surgery for a GP surgery located in North East Lincolnshire, as such, matters regarding the Roxton Practice are considered in the North East Lincolnshire PNA. Residents of Keelby benefit from access to 3 GP dispensing practices (Keelby, Caistor, Binbrook) and a community pharmacy (Caistor) within a maximum of 20 minute drive within Lincolnshire; hence accessible via CallConnect. Additionally, residents of Keelby can access many community pharmacies out-of-area within a 20 minute drive and/or distance-selling pharmacies. Based on existing evidence, HWB that there are no needs for a new community pharmacy in this area currently and in the imminent future. PNAs are a "live document" and are revisited at intervals of no greater than three years. Changes to pharmaceutical services will be monitored and will result in appropriate supplementary statements, as per legislation and demand requirements.
Q16	**Do you agree or disagree with the conclusions of the draft PNA?**		
Q17	Anon.	Unnecessary visits to A&E could maybe be reduced if there was 24/7 access to obtain emergency prescriptions.	N/A
	Anon.	I have no idea what the pna is! And I have no idea why you are contacting me. I get my medication from Pharmacy2U because I can't get to a chemist myself	N/A
	Anon.	Unfortunately the LN12 area is suffering from lack of Pharmacist and dispensing Chemist	Services are delivered where required. East Lindsey has 16.9 community pharmacies per 100,000 population. Overall, 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. Pharmacies in East Lindsey

			provide many necessary and other additional services.
	Anon.	Agree in part needs more citizen in put	No changes required to the PNA2022
	Anon.	The purpose of dispensing GP practices was to support patients living a significant distance from the surgery easily to obtain their medication. There are several dispensing GP practices with community pharmacies very close to them (within 500m), so if a patient can access the GP practice they can also access a pharmacy. So the rationale for having a dispensing GP practice in those locations no longer exists. The pharmacy is more convenient as a) they often have the drugs in stock rather than them having to be ordered b) they provide a wider range of services including OTC medication.	Rurality, controlled localities and the provision of pharmaceutical services by GP surgeries are clearly defined by NHSEI and whether or not a patient chooses to use GP or pharmacy services are a matter out-of-scope for the PNA. No changes necessary to PNA2022
	Anon.	this is a very long document. the questionnaire should have highlighted the sections to refer to in order to provide a response. Id love to know how many genuine responses you get back on this questionnaire .. im guessing near zero	PNA2022 Consultation, hosted on Let's Talk Lincolnshire, received 61 reponses. All comments have been responded to and published with the final version of the PNA. No changes necessary to the PNA2022.
	Anon.	The full document is quite wordy and long, but i guess it needs to be. Depending on who has been sent this re the general public the length and jargon may put people off reading and/or commenting on it. Where i live (In Old Leake) we have a dispensary at our local doctors, which i feel serve us well. They have made some positive changes over that i feel now serves our local cummunity much better.	No changes necessary to the PNA2022.
	Anon.	Already written	No changes necessary to the PNA2022.
	Anon.	Not enough information provided for me to beable to answer these questions	No changes necessary to the PNA2022.
	Anon.	This survey is premature, the superficial overview introducing this survey lacks any meaningful detail to enable any sort of assessment	No changes necessary to the PNA2022.

	Anon.	Ridiculous questionnaire	Lincolnshire HWB is legally required to consult on this documentation. No changes necessary to the PNA2022.
	Anon.	Far, far too much information is leading to massive information overload. Much of the vast quantity of data could be provided in a much more user-friendly and readable form	Lincolnshire HWB is legally required to consult on this documentation. PNA is a very technical document. No changes necessary to the PNA2022.
	Anon.	The cost benefit analysis is significantly missing between the cost of community pharmacies and GP dispensing practices. It is both ethically and morally appropriate and right that this should be done especially when considering potential for future efficiencies in the NHS.	Out of scope of the PNA2022.
	Anon.	Think the report highlight the strategic and data driven need. Perhaps a more service user friendly version. Not sure if I have missed but was there a survey asking service users if the current pharmaceutical services are adequate - opening times etc. Recent experience as a full time working individual is that they are not - many around me close for Lunch ? do open until 9 - 9.30	Contractor opening times have been verified in a pre-engagement survey, of NHSEI data, patients and service users, conducted by Healthwatch Lincolnshire, in 2021. 99.8% of the population of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. This is referred to in the PNA document.

	Anon.	The conclusions is that there are no gaps in provision, looking at generic accessibility to locations that say they can provide pharmacy provision. In practice these locations are not fit for purpose. e.g. Lloyds at Sainsbury Tritton Road Lincoln. In the last 12 months could not dispense medication due to lack of pharmacist 5 times. Lost medication 12 times. Told has dispensed my controlled drug and given it to another person once. Has lost the prescription 12 times. I have been asked to come back after medical should have been ready 12 times, I have been given a receipt for meds they cannot provide 10 times. I have had to wait for prescriptions for up to 2.5 hours. This location will be a tick in the box but in practice does not provide a reliable service for life long medications that cannot be stopped without consequence. The service keeps getting worse. There are bound to the others. This consultation should not just look at numbers and say its fine, it should look at quality of provision provided too. There is no point having pharmacy on paper if in practice it can't deliver pharmacy functions. This exercise seems to be a paper exercise regarding numbers rather than a practical exercise about have easy access to pharmacies that deliver the service. Changing pharmacies is often not an option.	Out of scope of the PNA2022. Concerns regarding quality of provision by individual contractors are dealt with by NHS England directly.
	Anon.	It takes time for pharmacies to be built etc.. and with the increase in population, more heavily weighted to older more morbidity people surely now is the time to look at increasing the number of pharmacies, not in 3 years time.	As a “live document”, the PNA will be revisited at an interval of no greater than three years. More imminent changes are also monitored, addressed and published as supplementary statements to the PNA.

	Anon.	I don't think my present pharmacy could cope with all the extra demand without a change of premises. Hopefully they will be funded adequately to do this extra work. I do wonder why this is being put on the pharmacies when GP's seem to be doing less and certainly avoiding seeing patients face to face. Would it mean that a trained GP would be based at the pharmacy and won't it just end up the same as our present GP surgery (no appointments, no answering the phone) who still seem to be far too busy to see patients even after Covid restrictions have been 'lifted'? What will GP's do? Will they spend more time with patients, keep proper records and do the jobs they should have always been doing? It seems to me that a 'sore throat' a 'stomach ache' etc might easily be treated as just that and not a symptom of something more serious. Would a pharmacist be able to refer to a specialist or would the patient then need another appointment with a GP? I find the whole idea is perhaps another way of privatising our NHS.	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly.
	Anon.	Just because the draft says that there are sufficient pharmacies in my area it doesn't take into account the fact that 1 pharmacy for a growing population (my area is Woodhall Spa) may not be enough. The pharmacy in Woodhall Spa is Boots the Chemist. They seem to have staff shortages quite often including pharmacists which means drugs cannot be given without one on the premises. The nearest other pharmacy would be Coningsby/Horncastle and due to poor transport issues residents may not be able to get to those.	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly.
	xx	Far too high a proportion of pharmacy services in many parts of Lincolnshire are provided by Lincolnshire Cooperative resulting in them having a	Out of scope of the PNA2022. Concerns regarding quality of provision are dealt with by NHS England directly. 99.8% of the resident population of Lincolnshire

		near monopoly in some areas and insufficient choice for those not happy with their services.	have access to a pharmacy within a 20 minute drive time. Additionally, residents of Lincolnshire can access distance selling pharmacies located anywhere in England.
	Anon.	We desperately need a new independent pharmacy in Bourne	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	We desperately need another pharmacy in Bourne. Covid has changed everything.	There are three pharmacies in Bourne and two dispensing GP surgeries. Distance selling pharmacies are an alternative option available. For the lifetime of the PNA2022, Lincolnshire HWB and Healthwatch Lincolnshire have concluded that current provision meets the requirements of the population based on existing evidence. 99.8% of the resident population of Lincolnshire have access to a pharmacy within a 20 minute drive time. As a "live document", the PNA is revisited at an interval of no greater than three years.
	Anon.	I need to go back and read the PNA	No necessary change to the PNA2022
	Anon.	Surprised to note the lack of mention of obesity as a factor in many of the illnesses listed. Also, female health provision is poor in Lincolnshire, such as HRT and menopause support. There is a lack of sexual health clinics - statistically, the older population is becoming the largest group developing STIs, and probably the least likely to use online provision - maybe women's health could go back to the sexual health clinics, who do, of course, also dispense medication.	Thank you for your comment. PGD-based supply of HRT medicines is out of the scope of "necessary services". No changes necessary to the PNA2022

	Anon.	Needs to be more of a focus of pharmaceutical services n rural Lincolnshire. Thinking outside the box would help in looking at what can be achieved with a smaller radius. It could be GP surgeries could help in opening at a weekend for a few hours	Thank you for your comment. No necessary change to the PNA2022

Appendix 5. Health Scrutiny Committee Response to Draft PNA 2022

Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

RESPONSE OF THE HEALTH SCRUTINY COMMITTEE TO THE CONSULTATION DRAFT OF THE LINCOLNSHIRE PHARMACEUTICAL NEEDS ASSESSMENT

Introduction

This is the Health Scrutiny Committee for Lincolnshire's response to the consultation, being undertaken on behalf of the Lincolnshire Health and Wellbeing Board, on its Pharmaceutical Needs Assessment, which is due to take effective for a three year period beginning on 1 October 2022.

Main Findings

Existing and Future Provision in Lincolnshire

The consultation draft of the Lincolnshire Pharmaceutical Needs Assessment includes the following conclusion:

> "Conclusion
>
> "The Lincolnshire Health and Wellbeing Board considered the number, distribution, access and choice of pharmaceutical contractors covering each of the seven districts in Lincolnshire and concluded that the existing evidence indicates that residents of Lincolnshire are adequately served by providers of pharmaceutical services and no current and future gaps have been identified in the provision of necessary and other relevant services hours across Lincolnshire. Changes affecting pharmaceutical provision such as substantial changes in current provision or population demographics will be monitored and reviewed by the HWB and the PNA will be updated with supplementary statements where necessary. Any expansion of services will continue to happen within the existing network of pharmaceutical contractors where possible."

The Health Scrutiny Committee is satisfied with the PNA's conclusion, as set out above, that the residents of Lincolnshire are adequately served by providers of pharmaceutical services

and no current and future gaps were identified in the provision of necessary and other relevant services across Lincolnshire. The Committee has accepted the evidence put forward in support of this conclusion, which included:

(1) Pre-Consultation Engagement – This included public engagement by Healthwatch Lincolnshire, who received submissions from 203 members of the public, of whom 17.3 per cent rated their pharmacy services as 'poor' or 'very poor'. There were no distinct patterns to these responses, both in terms of geography and providers and the concerns raised were outside the scope of the PNA. In addition, questionnaires were sent to community pharmacies and dispensing GP practices.

(2) Detailed Analysis of the Demographics – Substantial detail was provided in the draft document on the demographics in Lincolnshire, including deprivation and vulnerable populations. Details on the locations of community pharmacies and dispensing GP pharmacies have been included.

(3) Assessment of the Impact New Developments – The consultation draft of the PNA set out detailed information on new housing developments, anticipated between 2022 and 2036. None of the developments would impact on the demand for services during the lifetime of the 2022 PNA.

(4) Views of Other Groups – The Lincolnshire Local Pharmaceutical Committee and the Lincolnshire Local Medical Committee had indicated that they are satisfied with the proposed PNA.

Monitoring of Provision

The Health Scrutiny Committee is advised that the Health and Wellbeing Board, together with the PNA Steering Group, will continue to monitor changes in current provision or demographics.

Reach of Consultation

The Committee generally would like to see as many responses as possible to the consultation. However, the scope of the PNA is specific to its limited statutory purpose, and thus might mean comments are received which fall outside this scope.

Other Comments

The Health Scrutiny Committee recognises that the PNA is a framework used to commission pharmacy services and its scope is limited to essential services provided by community pharmacists.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Glen Garrod, Executive Director – Adult Care and Community Wellbeing

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**27 September 2022**
Subject:	**Better Care Fund Final Report 2022/23**

Summary:

The Better Care Fund (BCF) is a national programme with a prescribed policy and planning framework. The BCF planning guidance for 2022/23 was published 19 July 2022 with a deadline for submission 26 September 2022. Attached to this report are the three documents required as part of the Lincolnshire BCF submission:

•The BCF Planning Template – This spreadsheet document forms part of the BCF plan submission and highlights the difference sources of funding (income) and Lincolnshire BCF schemes (Expenditure). Key Lines of Enquiry set out at Tab 7. These will be used to assure the BCF plan.

•The BCF Capacity and Demand Template for intermediate care – this is new this year and is not a formally assured document. This template will be used to formulate a support offer for systems in 2023.

•BCF Narrative Plan Template – a narrative plan must be submitted alongside the BCF Planning Template. The format of the narrative plan is not prescribed. It has been designed to help guide colleagues so that by following the sections, the Key Lines of Enquiry should be answered.

Actions Required:
For decision. The HWB is asked to approve the 2022/23 Lincolnshire BCF plan, in retrospect of the submission deadline 26 September 2022.

1. Background

The governance for the Better Care Fund (BCF) is prescribed within the BCF planning framework and includes that The Lincolnshire Health and Wellbeing Board (HWB) is required to approve all plans and reports regarding the BCF before they are submitted to NHS England/Local Government Association for assurance.

For the past 4 years the national BCF planning and assurance framework has been "rolled on" with the planning framework and reporting requirements being confirmed within year this had continued in 2022/23 i.e. the plans attached regard current year expenditure. Officers remain hopeful of a longer term multiyear BCF framework from 2023/24 onward.

There is a recognition that the impact of the integration white paper will fundamentally change the nature of place-based governance and pooled funding. A review of section 75 has been proposed and growth of pooled budgets at a place level. However, in the current reform/transformation landscape will need time to stabilise and the BCF is the current main route of integration funding. We expect that 2023/25 will be seen as a transition period into new arrangements which maximise the opportunities of the integration white paper.

We still expect a BCF policy framework and a planning/assurance process. However, the objectives in local plans should better reflect local priorities and a focus on addressing health inequalities. We expect there might be a step change in funding allocations through the BCF to support and enable further integration at place.

Financial information

The Lincolnshire BCF has a proposed value for £279m in 2022/23. The income is comprised of:

Source	Amount	Detail
Minimum CCG Contribution	£61.8m	NHS publish allocations for each CCG from the national ringfence. Funding from the NHS to support adult social care such as reablement, carers' breaks, implementation of the Care Act.
iBCF	£34.3m	Grant funding direct to LCC for the purposes of meeting adult social care needs, reducing pressures on the NHS, supporting discharge, and ensuring the social care provider market is supported.
DFG (Disabled Facilities Grant)	£7m	Ringfenced funding which must be paid direct to the districts in full, unless agreed that the capital fund can be used for other purposes to meet the needs of disabled people
LCC held budgets (additional contributions)	£91.3m	Additional payments included within the section 75 agreement.
CCG held budgets (additional contributions)	£85.1m	Additional payments included within the section 75 agreement.

There are 47 individual schemes funded within the Lincolnshire BCF, however these can be grouped into themes as below:

	2021-22	2022-23
Summary by service provided	**Outturn**	**Budget**
Learning disabilities	86.643	88.233
Adult mental health services	85.989	90.454
Social care workforce	22.803	22.803
Social care provider market	19.318	21.478
Intermediate care	12.287	13.028
Child & adolescent mental health services	11.609	12.812
Proactive care	9.849	10.302
Disabled facilities grant	6.976	6.976
Integrated community equipment	6.507	6.804
Adult social care needs including seasonal winter pressures	5.028	3.489
Transitional beds	2.750	2.750
Integrated staffing	0.000	0.158
Surge capacity	0.000	0.179
Total	**269.759**	**279.467**

Summary

The Lincolnshire Better Care Fund is one of the largest pool funds in the Country at nearly £280m. 63% of the fundings is non-mandatory contributions from the CCG/LCC into jointly commissioned services such as learning disabilities and adult mental health services. Lincolnshire has a well-established approach which relies to a greater extent on externally commissioned providers for service delivery and therefore much of the BCF is committed in existing contracts. The emerging insights into the future of BCF suggests that a larger scope, multi-year BCF policy framework will support the transformation agenda and transition to the place-based arrangements described within the integration white paper.

2. Conclusion

It is recommended that the Health and Wellbeing Board approve the Better Care Fund plan for 2022/23. The draft narrative plan and capacity and demand template will be updated to include timescales and further detail around milestones following regional feedback and metrics provided by NHS colleagues.

3. Joint Strategic Needs Assessment and Joint Local Health & Wellbeing Strategy

The Council, NHS Lincolnshire Integrated Care Board and the Lincolnshire Integrated Care Partnership must have regard to the Joint Strategic Needs Assessment (JSNA) and Joint Local Health and Wellbeing Strategy (JLHWS).

The BCF schemes within the plan, directly contribute to addressing health inequalities and the Joint Health and Wellbeing Strategy.

4. Consultation

None required.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	The draft BCF Numerical Plan
Appendix B	The draft BCF Narrative Plan
Appendix C	The draft BCF Capacity and Demand for intermediate

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were use in the preparation of this report.

This report was written by Nikita Lord, Programme Manager – Better Care Fund, who can be contacted on 07557 309100 or Nikita.lord@lincolnshire.gov.uk

BCF Planning Template 2022-23

1. Guidance

Overview

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a blue background, as below:

Data needs inputting in the cell

Pre-populated cells

Note on viewing the sheets optimally

For a more optimal view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in the guidance sheet for readability if required.

The details of each sheet within the template are outlined below.

Checklist (click to go to Checklist, included in the Cover sheet)

1. This section helps identify the sheets that have not been completed. All fields that appear as incomplete should be completed before sending to the Better Care Fund Team.
2. The checker column, which can be found on the individual sheets, updates automatically as questions are completed. It will appear 'Red' and contain the word 'No' if the information has not been completed. Once completed the checker column will change to 'Green' and contain the word 'Yes'

3. The 'sheet completed' cell will update when all 'checker' values for the sheet are green containing the word 'Yes'.
4. Once the checker column contains all cells marked 'Yes' the 'Incomplete Template' cell (below the title) will change to 'Template Complete'.
5. Please ensure that all boxes on the checklist are green before submission.

2. Cover (click to go to sheet)

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to the Better Care Fund Team: england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

4. Income (click to go to sheet)

1. This sheet should be used to specify all funding contributions to the Health and Wellbeing Board's (HWB) Better Care Fund (BCF) plan and pooled budget for 2022-23. It will be pre-populated with the minimum NHS contributions to the BCF, Disabled Facilities Grant (DFG) and improved Better Care Fund (iBCF). These cannot be edited.

2. Please select whether any additional contributions to the BCF pool are being made from local authorities or ICBs and enter the amounts in the fields highlighted in 'yellow'. These will appear as funding sources in sheet 5a when you planning expenditure.

3. Please use the comment boxes alongside to add any specific detail around this additional contribution.

4. If you are pooling any funding carried over from 2021-22 (**i.e. underspends from BCF mandatory contributions**) you should show these on a separate line to the other additional contributions and use the comments field to identify that these are underspends that have been rolled forward. All allocations are rounded to the nearest pound.

5. Allocations of the NHS minimum contribution (formerly CCG minimum) are shown as allocations from ICB to the HWB area in question. Mapping of the allocations from former CCGs to HWBs can be found in the BCF allocation spreadsheet on the BCF section of the NHS England Website.
6. For any questions regarding the BCF funding allocations, please contact england.bettercarefundteam@nhs.net (please also copy in your Better Care Manager).

5. Expenditure (click to go to sheet)

This sheet should be used to set out the detail of schemes that are funded via the BCF plan for the HWB, including amounts, type of activity and funding source. This information is then aggregated and used to analyse the BCF plans nationally and sets the basis for future reporting.

The information in the sheet is also used to calculate total contributions under National Conditions 2 and 3 and is used by assurers to ensure that these are met.

The table is set out to capture a range of information about how schemes are being funded and the types of services they are providing. There may be scenarios when several lines need to be completed in order to fully describe a single scheme or where a scheme is funded by multiple funding streams (eg: iBCF and NHS minimum). In this case please use a consistent scheme ID for each line to ensure integrity of aggregating and analysing schemes.

On this sheet please enter the following information:

1. Scheme ID:
- This field only permits numbers. Please enter a number to represent the Scheme ID for the scheme being entered. Please enter the same Scheme ID in this column for any schemes that are described across multiple rows.

2. Scheme Name:
- This is a free text field to aid identification during the planning process. Please use the scheme name consistently if the scheme is described across multiple lines in line with the scheme ID described above.

3. Brief Description of Scheme
- This is a free text field to include a brief headline description of the scheme being planned. The information in this field assists assurers in understanding how funding in the local BCF plan is supporting the objectives of the fund nationally and aims in your local plan.

4. Scheme Type and Sub Type:
- Please select the Scheme Type from the drop-down list that best represents the type of scheme being planned. A description of each scheme is available in tab 5b.
- Where the Scheme Types has further options to choose from, the Sub Type column alongside will be editable and turn "yellow". Please select the Sub Type from the drop down list that best describes the scheme being planned.
- Please note that the drop down list has a scroll bar to scroll through the list and all the options may not appear in one view.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside. Please try to use pre-populated scheme types and sub types where possible, as this data is important in assurance and to our understanding of how BCF funding is being used nationally.
- The template includes a field that will inform you when more than 5% of mandatory spend is classed as other.

5. Area of Spend:
- Please select the area of spend from the drop-down list by considering the area of the health and social care system which is most supported by investing in the scheme.
- Please note that where 'Social Care' is selected and the source of funding is "NHS minimum" then the planned spend would count towards National Condition 2.
- If the scheme is not adequately described by the available options, please choose 'Other' and add a free field description for the scheme type in the column alongside.
- We encourage areas to try to use the standard scheme types where possible.

6. Commissioner:
- Identify the commissioning body for the scheme based on who is responsible for commissioning the scheme from the provider.
- Please note this field is utilised in the calculations for meeting National Condition 3. Any spend that is from the funding source 'NHS minimum contribution', is commissioned by the ICB, and where the spend area is not 'acute care', will contribute to the total spend under National Condition 3. This will include expenditure that is ICB commissioned and classed as 'social care'.
- If the scheme is commissioned jointly, please select 'Joint'. Please estimate the proportion of the scheme being commissioned by the local authority and NHS and enter the respective percentages on the two columns.

7. Provider:
- Please select the type of provider commissioned to provide the scheme from the drop-down list.
- If the scheme is being provided by multiple providers, please split the scheme across multiple lines.

8. Source of Funding:
- Based on the funding sources for the BCF pool for the HWB, please select the source of funding for the scheme from the drop down list. This includes additional, voluntarily pooled contributions from either the ICB or Local authority
- If a scheme is funded from multiple sources of funding, please split the scheme across multiple lines, reflecting the financial contribution from each.

9. Expenditure (£) 2022-23:
- Please enter the planned spend for the scheme (or the scheme line, if the scheme is expressed across multiple lines)

10. New/Existing Scheme
- Please indicate whether the planned scheme is a new scheme for this year or an existing scheme being carried forward.

This is the only detailed information on BCF schemes being collected centrally for 2022-23 and will inform the understanding of planned spend for the iBCF grant and spend from BCF sources on discharge.

6. Metrics (click to go to sheet)

This sheet should be used to set out the HWB's ambitions (i.e. numerical trajectories) and performance plans for each of the BCF metrics in 2022-23. The BCF policy requires trajectories and plans agreed for the fund's metrics. Systems should review current performance and set realistic, but stretching ambitions for 2022-23.

A data pack showing more up to date breakdowns of data for the discharge to usual place of residence and unplanned admissions for ambulatory care sensitive conditions is available on the Better Care Exchange.

For each metric, areas should include narratives that describe:
- a rationale for the ambition set, based on current and recent data, planned activity and expected demand
- the local plan for improving performance on this metric and meeting the ambitions through the year. This should include changes to commissioned services, joint working and how BCF funded services will support this.

1. Unplanned admissions for chronic ambulatory care sensitive conditions:
- This section requires the area to input indirectly standardised rate (ISR) of admissions per 100,000 population by quarter in 2022-23. This will be based on NHS Outcomes Framework indicator 2.3i but using latest available population data.
- The indicator value is calculated using the indirectly standardised rate of admission per 100,000, standardised by age and gender to the national figures in reference year 2011. This is calculated by working out the SAR (observed admission/expected admissions*100) and multiplying by the crude rate for the reference year. The expected value is the observed rate during the reference year multiplied by the population of the breakdown of the year in question.
- The population data used is the latest available at the time of writing (2020)
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.
- Exact script used to pull pre-populated data can be found on the BCX along with the methodology used to produce the indicator value:
https://future.nhs.uk/bettercareexchange/viewdocument?docid=142269317&done=DOCCreated1&fid=21058704
- Technical definitions for the guidance can be found here:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/march-2022/domain-2---enhancing-quality-of-life-for-people-with-long-term-conditions-nof/2.3.i-unplanned-hospitalisation-for-chronic-ambulatory-care-sensitive-conditions

2. Discharge to normal place of residence.
- Areas should agree ambitions for the percentage of people who are discharged to their normal place of residence following an inpatient stay. In 2021-22, areas were asked to set a planned percentage of discharge to the person's usual place of residence for the year as a whole. In 2022-23 areas should agree a rate for each quarter.
- The ambition should be set for the health and wellbeing board area. The data for this metric is obtained from the Secondary Uses Service (SUS) database and is collected at hospital trust. A breakdown of data from SUS by local authority of residence has been made available on the Better Care Exchange to assist areas to set ambitions.
- Ambitions should be set as the percentage of all discharges where the destination of discharge is the person's usual place of residence.
- Actual performance for each quarter of 2021-22 are pre-populated in the template and will display once the local authority has been selected in the drop down box on the Cover sheet.

3. Residential Admissions (RES) planning:
- This section requires inputting the expected numerator of the measure only.
- Please enter the planned number of council-supported older people (aged 65 and over) whose long-term support needs will be met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The prepopulated denominator of the measure is the size of the older people population in the area (aged 65 and over) taken from Office for National Statistics (ONS) subnational population projections.
- The annual rate is then calculated and populated based on the entered information.

4. Reablement planning:
- This section requires inputting the information for the numerator and denominator of the measure.
- Please enter the planned denominator figure, which is the planned number of older people discharged from hospital to their own home for rehabilitation (or from hospital to a residential or nursing care home or extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home).
- Please then enter the planned numerator figure, which is the expected number of older people discharged from hospital to their own home for rehabilitation (from within the denominator) that will still be at home 91 days after discharge.
- Column H asks for an estimated actual performance against this metric in 2021-22. Data for this metric is not published until October, but local authorities will collect and submit this data as part of their salt returns in July. You should use this data to populate the estimated data in column H.
- The annual proportion (%) Reablement measure will then be calculated and populated based on this information.

7. Planning Requirements (click to go to sheet)

This sheet requires the Health and Wellbeing Board to confirm whether the National Conditions and other Planning Requirements detailed in the BCF Policy Framework and the BCF Requirements document are met. Please refer to the BCF Policy Framework and BCF Planning Requirements documents for 2022-23 for further details.
The sheet also sets out where evidence for each Key Line of Enquiry (KLOE) will be taken from.
The KLOEs underpinning the Planning Requirements are also provided for reference as they will be utilised to assure plans by the regional assurance panel.

1. For each Planning Requirement please select 'Yes' or 'No' to confirm whether the requirement is met for the BCF Plan.
2. Where the confirmation selected is 'No', please use the comments boxes to include the actions in place towards meeting the requirement and the target timeframes.

Better Care Fund 2022-23 Template

2. Cover

Version 1.0.0

HM Government

NHS

Please Note:

- You are reminded that much of the data in this template, to which you have privileged access, is management information only and is not in the public domain. It is not to be shared more widely than is necessary to complete the return.

- Please prevent inappropriate use by treating this information as restricted, refrain from passing information on to others and use it only for the purposes for which it is provided. Any accidental or wrongful release should be reported immediately and may lead to an inquiry. Wrongful release includes indications of the content, including such descriptions as "favourable" or "unfavourable".

- Please note that national data for plans is intended for release in aggregate form once plans have been assured, agreed and baselined as per the due process outlined in the BCF Planning Requirements for 2022-23.

- This template is password protected to ensure data integrity and accurate aggregation of collected information. A resubmission may be required if this is breached.

- Where BCF plans are signed off under a delegated authority it must be reflected in the HWB's governance arrangements.

Health and Wellbeing Board:	Lincolnshire	
Completed by:	Nikita Lord, BCF Programme Manager	
E-mail:	Nikita.Lord@lincolnshire.gov.uk	
Contact number:	07557 309100	
Has this plan been signed off by the HWB (or delegated authority) at the time of submission?	No	
If no please indicate when the HWB is expected to sign off the plan:	Tue 27/09/2022	<< Please enter using the format, DD/MM/YYYY
If using a delegated authority, please state who is signing off the BCF plan:	Lincolnshire Health and Wellbeing Board Chair	

Please indicate who is signing off the plan for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Chair of the Health and Wellbeing Board
Name:	Cllr Mrs Sue Woolley

	Role:	**Professional Title (e.g. Dr, Cllr, Prof)**	**First-name:**	**Surname:**	**E-mail:**
***Area Assurance Contact Details:**	Health and Wellbeing Board Chair	Cllr	Sue	Woolley	CllrS.Woolley@lincolnshire.gov.uk
	Integrated Care Board Chief Executive or person to whom they have delegated sign-off	Mr	John	Turner	John.Turner19@nhs.net
	Additional ICB(s) contacts if relevant	Mr	Matt	Gaunt	M.Gaunt@nhs.net
	Local Authority Chief Executive	Mrs	Debbie	Barnes	Debbie.Barnes@lincolnshire.gov.uk
	Local Authority Director of Adult Social Services (or equivalent)	Mr	Glen	Garrod	Glen.Garrod@lincolnshire.gov.uk

	Better Care Fund Lead Official	Mrs	Pam	Clipson	Pam.Clipson@Lincolnshire.gov.uk
	LA Section 151 Officer	Mr	Andrew	Crookham	Andrew.Crookham@lincolnshire.gov.uk
Please add further area contacts that you would wish to be included in official correspondence e.g. housing or trusts that have been part of the process -->					

Question Completion - When all questions have been answered and the validation boxes below have turned green, please send the template to the Better Care Fund Team england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'. Please also copy in your Better Care Manager.

Please see the Checklist below for further details on incomplete fields

	Complete:
2. Cover	Yes
4. Income	Yes
5a. Expenditure	Yes
6. Metrics	No
7. Planning Requirements	Yes

<< Link to the Guidance sheet

^^ Link back to top

Better Care Fund 2022-23 Template

3. Summary

Selected Health and Wellbeing Board: Lincolnshire

Income & Expenditure

Income >>

Funding Sources	Income	Expenditure	Difference
DFG	£6,976,486	£6,976,486	£0
Minimum NHS Contribution	£61,799,812	£61,799,812	£0
iBCF	£34,256,698	£34,256,698	£0
Additional LA Contribution	£91,104,846	£91,104,846	£0
Additional ICB Contribution	£84,918,000	£84,918,000	£0
Total	**£279,055,842**	**£279,055,842**	**£0**

Expenditure >>

NHS Commissioned Out of Hospital spend from the minimum ICB allocation

Minimum required spend	£17,664,919
Planned spend	£25,755,774

Adult Social Care services spend from the minimum ICB allocations

Minimum required spend	£21,370,697
Planned spend	£40,063,669

Scheme Types

Assistive Technologies and Equipment	£6,577,188	(2.4%)
Care Act Implementation Related Duties	£33,540,990	(12.0%)
Carers Services	£1,171,000	(0.4%)
Community Based Schemes	£7,942,235	(2.8%)
DFG Related Schemes	£7,076,486	(2.5%)
Enablers for Integration	£0	(0.0%)
High Impact Change Model for Managing Transfer of (	£5,459,891	(2.0%)
Home Care or Domiciliary Care	£179,000	(0.1%)
Housing Related Schemes	£146,000	(0.1%)
Integrated Care Planning and Navigation	£208,608,201	(74.8%)
Bed based intermediate Care Services	£0	(0.0%)
Reablement in a persons own home	£5,936,461	(2.1%)
Personalised Budgeting and Commissioning	£1,461,390	(0.5%)
Personalised Care at Home	£0	(0.0%)
Prevention / Early Intervention	£837,000	(0.3%)
Residential Placements	£0	(0.0%)
Other	£120,000	(0.0%)
Total	**£279,055,842**	

Metrics >>

Avoidable admissions

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (Rate per 100,000 population)			

Discharge to normal place of residence

	2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence (SUS data - available on the Better Care Exchange)			

Residential Admissions

		2020-21 Actual	2022-23 Plan
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	433	503

Reablement

		2022-23 Plan
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	86.7%

Planning Requirements >>

Theme	Code	Response
	PR1	Yes

NC1: Jointly agreed plan	**PR2**	Yes
	PR3	Yes
NC2: Social Care Maintenance	**PR4**	Yes
NC3: NHS commissioned Out of Hospital Services	**PR5**	Yes
NC4: Implementing the BCF policy objectives	**PR6**	Yes
Agreed expenditure plan for all elements of the BCF	**PR7**	Yes
Metrics	**PR8**	Yes

Better Care Fund 2022-23 Template

4. Income

Selected Health and Wellbeing Board: Lincolnshire

Local Authority Contribution	
Disabled Facilities Grant (DFG)	Gross Contribution
Lincolnshire	£6,976,486
DFG breakdown for two-tier areas only (where applicable)	
Boston	£632,715
East Lindsey	£2,039,523
Lincoln	£851,990
North Kesteven	£910,537
South Holland	£772,382
South Kesteven	£975,298
West Lindsey	£794,041
Total Minimum LA Contribution (exc iBCF)	**£6,976,486**

iBCF Contribution	Contribution
Lincolnshire	£34,256,698
Total iBCF Contribution	**£34,256,698**

Are any additional LA Contributions being made in 2022-23? If yes, please detail below	Yes

Local Authority Additional Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
Lincolnshire	£91,104,846	Funding for additional LCC section 75 schemes
Total Additional Local Authority Contribution	**£91,104,846**	

NHS Minimum Contribution	Contribution
NHS Lincolnshire ICB	£61,799,812
Total NHS Minimum Contribution	**£61,799,812**

Are any additional ICB Contributions being made in 2022-23? If yes, please detail below	Yes

Additional ICB Contribution	Contribution	Comments - Please use this box clarify any specific uses or sources of funding
NHS Lincolnshire ICB	£84,918,000	NHS Lincolnshire ICB contribution to additional
Total Additional NHS Contribution	**£84,918,000**	
Total NHS Contribution	**£146,717,812**	

	2021-22
Total BCF Pooled Budget	**£279,055,842**

Funding Contributions Comments Optional for any useful detail e.g. Carry over

Better Care Fund 2022-23 Template

5. Expenditure

Selected Health and Wellbeing Board: Lincolnshire

<< Link to summary sheet

Running Balances	Income	Expenditure	Balance
DFG	£6,976,486	£6,976,486	£0
Minimum NHS Contribution	£61,799,812	£61,799,812	£0
iBCF	£34,256,698	£34,256,698	£0
Additional LA Contribution	£91,104,846	£91,104,846	£0
Additional NHS Contribution	£84,918,000	£84,918,000	£0
Total	**£279,055,842**	**£279,055,842**	**£0**

Required Spend

This is in relation to National Conditions 2 and 3 only. It does NOT make up the total Minimum CCG Contribution (on row 31 above).

	Minimum Required Spend	Planned Spend	Under Spend
NHS Commissioned Out of Hospital spend from the minimum ICB allocation	£17,664,919	£25,755,774	£0
Adult Social Care services spend from the minimum ICB allocations	£21,370,697	£40,063,669	£0

>> Link to further guidance

Checklist

Column complete:

Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes	Yes

Sheet complete

						Planned Expenditure								
Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Sub Types	Please specify if 'Scheme Type' is 'Other'	Area of Spend	Please specify if 'Area of Spend' is 'other'	Commissioner	% NHS (if Joint Commissioner)	% LA (if Joint Commissioner)	Provider	Source of Funding	Expenditure (£)	New/ Existing Scheme
1	Intermediate Care	Ongoing intermediate care and reablement services	Community Based Schemes	Other	Intermediate Care Services	Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£6,441,000	Existing
2	Transitional Care	Delivery of personal health budgets function	Personalised Budgeting and Commissioning			Social Care		CCG			NHS Community Provider	Minimum NHS Contribution	£1,361,390	Existing
3	Neighbourhood Team	Increase in health staff resources	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		CCG			NHS Community Provider	Minimum NHS Contribution	£6,587,000	Existing
3	Neighbourhood Team	Increase in health staff resources	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	Additional LA Contribution	£20,000,000	Existing
4	Equipment and adaptations - DFG	DFG capital funding, passed to the District Councils in Full	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	DFG	£6,976,486	Existing
5	Reablement	Support for the reablement service	Reablement in a persons own home	Reablement service accepting community and		Social Care		CCG			Private Sector	Minimum NHS Contribution	£2,526,584	Existing
6	Community Integrated Reablement	To support the continuation of the integrated reablement	Reablement in a persons own home	Reablement service accepting community and		Social Care		CCG			Private Sector	Minimum NHS Contribution	£1,606,517	Existing

7	Residential Market Rate	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisatic	Social Care		LA			Private Sector	Minimum NHS Contribution	£4,048,992	Existing
8	AF&LTC Inflation and NLW	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisatic	Social Care		LA			Private Sector	iBCF	£12,864,000	Existing
9	7 day working	Providng 7 day service to increase support into hospitals	High Impact Change Model for Managing Transfer	Home First/Discharge to Assess - process		Social Care		LA			Private Sector	Minimum NHS Contribution	£758,701	Existing
10	AF&LTC Demographic growth	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			Private Sector	Minimum NHS Contribution	£3,058,085	Existing
11	Trusted Assessors	trusted assessors based in hospitals who work on behalf of care homes	High Impact Change Model for Managing Transfer	Trusted Assessment		Social Care		LA			Private Sector	iBCF	£100,000	Existing
12	Dementia Family Friends	To enable more short breaks for high risk dementia carer groups	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Private Sector	iBCF	£420,000	Existing
13	Neighbourhood Team development	To support / facilitate joint working across teams	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Local Authority	iBCF	£60,000	Existing
14	Housing for Independence	Increased capacity to assess for and provide DFG housing adaptations	DFG Related Schemes	Adaptations, including statutory DFG grants		Social Care		LA			Local Authority	iBCF	£100,000	Existing
15	Making Every Contact Count	Programme to develop behaviour change approaches	Prevention / Early Intervention	Social Prescribing		Social Care		LA			Private Sector	iBCF	£42,000	Existing
16	Market stablisation	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			Private Sector	iBCF	£3,943,218	Existing
17	Staffing	Increased staffing for front line adult care staff	Community Based Schemes	Multidisciplinary teams that are supporting		Social Care		LA			Local Authority	iBCF	£1,001,235	Existing
18	Quick response service / reablement	Development of a provider of last resort, increased reablement	Reablement in a persons own home	Reablement service accepting community and		Community Health		LA			Private Sector	iBCF	£1,803,360	Existing
19	Enhanced Health (Care) in Care Home programme	Support for providers to adopt enhaned health in care	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Community Health		LA			Private Sector	iBCF	£200,000	Existing
20	Carers - Everyone / Outreach / Breaks	Short breaks for high risk carer groups. Particularly high risk of	Carers Services	Respite services		Social Care		LA			Charity / Voluntary Sector	iBCF	£650,000	Existing
21	Programme support costs	The cost of administering the BCF by Lincolnshire County	Other		Programme Infrastructure costs	Social Care		LA			Local Authority	iBCF	£120,000	Existing
22	LD S75 CCG and LCC contributions	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Additional LA Contribution	£51,987,069	Existing
22	LD S75 CCG and LCC contributions	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Minimum NHS Contribution	£19,545,855	Existing
22	LD inflation and growth	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			CCG	iBCF	£7,581,695	Existing

22	LD S75 Historic Pooled Fund	joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	Minimum NHS Contribution	£7,011,545	Existing
22	LD Existing S256 Adults	Joint working across health, social and community partners to	Housing Related Schemes			Social Care		LA			Charity / Voluntary Sector	Minimum NHS Contribution	£146,000	Existing
22	LD S75 Social care costs	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Social Care		LA			Private Sector	iBCF	£700,000	Existing
23	Integrated Personalised Commissioning	Funding to support integration accelerator work	Personalised Budgeting and Commissioning			Social Care		LA			Local Authority	iBCF	£100,000	Existing
24	Waking nights	Meeting service user costs brought about through the review of	Community Based Schemes	Other	Market Stabilisation	Social Care		LA			Private Sector	iBCF	£500,000	Existing
25	LPFT mental health illness prevention fund	The managed care network is a mental illness prevention fund	Prevention / Early Intervention	Social Prescribing		Mental Health		LA			Charity / Voluntary Sector	iBCF	£375,000	Existing
26	CAMHS S75 CCG Contribution	Core CAMHS funding	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		CCG			NHS Mental Health Provider	Minimum NHS Contribution	£7,233,283	Existing
26	CAMHS S75	Core CAMHS funding	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional LA Contribution	£724,589	Existing
27	Existing S256 Childrens	Provision of a short break residential unit for children and young	Carers Services	respite services		Social Care		LA			Charity / Voluntary Sector	Additional NHS Contribution	£521,000	Existing
28	ICES Original	Community equipment Section 75 between CCG and Lincolnshire County	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Additional NHS Contribution	£3,700,000	Existing
28	ICES Original	Community equipment Section 75 between CCG and Lincolnshire County	Assistive Technologies and Equipment	Community based equipment		Social Care		LA			Private Sector	Additional LA Contribution	£2,877,188	Existing
29	Mental Health S75 Agreement (LCC/LPFT)	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional LA Contribution	£14,460,000	Existing
29	Mental Health S75 Agreement (LCC/LPFT)	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional NHS Contribution	£74,519,000	Existing
30	Transitional Beds S75 agreement	ICB contribution to Section 75 for block purchase nursing and	High Impact Change Model for Managing Transfer	Early Discharge Planning		Community Health		CCG			Private Sector	Additional NHS Contribution	£1,750,000	Existing
30	Transitional Beds S75 agreement	Linconshire County Council contribution to Section 75 for block	High Impact Change Model for Managing Transfer	Early Discharge Planning		Community Health		LA			Private Sector	Additional LA Contribution	£1,000,000	Existing
31	Winter pressures	Schemes in place to deliver additional capacity aligned to the	High Impact Change Model for Managing Transfer	Improved discharge to Care Homes		Social Care		LA			Local Authority	iBCF	£1,651,190	Existing
32	Mental health complex cases	Joint working across health, social and community partners to	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			Local Authority	Minimum NHS Contribution	£1,474,860	Existing
26	CAMHS S75 CCG contribution	CYP Community & Crisis support, 18 to 25 Young Adults support and	Integrated Care Planning and Navigation	Care navigation and planning		Mental Health		LA			NHS Mental Health Provider	Additional NHS Contribution	£4,193,000	Existing

33	AF&LTC market sustainability	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	other	Market Stabilisation	Social Care		LA			Private Sector	iBCF	£1,817,000	New
34	Adult specialties market sustainability	To deliver responsibilities in supporting the market	Care Act Implementation Related Duties	Other	Market Stabilisation	Social Care		LA			Private Sector	iBCF	£228,000	new
35	ICS lead	ICB contribution to staff costs for the Lead on the Integrated Care systems	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		LA			Local Authority	Additional NHS Contribution	£56,000	New
35	ICS Lead	LCC contribution to staff costs for the Lead on the Integrated Care systems	Integrated Care Planning and Navigation	Care navigation and planning		Community Health		LA			Local Authority	Additional LA Contribution	£56,000	New
36	Surge Capacity Programme	ICB contribution to short term increase in capacity in the homecare market	Home Care or Domiciliary Care	Domiciliary care to support hospital discharge		Social Care		LA			Private Sector	Additional NHS Contribution	£179,000	New

Further guidance for completing Expenditure sheet

National Conditions 2 & 3

Schemes tagged with the following will count towards the planned **Adult Social Care services spend** from the NHS min:

- **Area of spend** selected as 'Social Care'
- **Source of funding** selected as 'Minimum NHS Contribution'

Schemes tagged with the below will count towards the planned **Out of Hospital spend** from the NHS min:

- **Area of spend** selected with anything except 'Acute'
- **Commissioner** selected as 'ICB' (if 'Joint' is selected, only the NHS % will contribute)
- **Source of funding** selected as 'Minimum NHS Contribution'

2022-23 Revised Scheme types

Number	Scheme type/ services	Sub type
1	Assistive Technologies and Equipment	1. Telecare 2. Wellness services 3. Digital participation services 4. Community based equipment 5. Other
2	Care Act Implementation Related Duties	1. Carer advice and support 2. Independent Mental Health Advocacy 3. Safeguarding 4. Other
3	Carers Services	1. Respite Services 2. Other
4	Community Based Schemes	1. Integrated neighbourhood services 2. Multidisciplinary teams that are supporting independence, such as anticipatory care 3. Low level support for simple hospital discharges (Discharge to Assess pathway 0) 4. Other

5	DFG Related Schemes	1. Adaptations, including statutory DFG grants 2. Discretionary use of DFG - including small adaptations 3. Handyperson services 4. Other
6	Enablers for Integration	1. Data Integration 2. System IT Interoperability 3. Programme management 4. Research and evaluation 5. Workforce development 6. Community asset mapping 7. New governance arrangements 8. Voluntary Sector Business Development 9. Employment services 10. Joint commissioning infrastructure 11. Integrated models of provision 12. Other
7	High Impact Change Model for Managing Transfer of Care	1. Early Discharge Planning 2. Monitoring and responding to system demand and capacity 3. Multi-Disciplinary/Multi-Agency Discharge Teams supporting discharge 4. Home First/Discharge to Assess - process support/core costs 5. Flexible working patterns (including 7 day working) 6. Trusted Assessment 7. Engagement and Choice 8. Improved discharge to Care Homes 9. Housing and related services 10. Red Bag scheme 11. Other
8	Home Care or Domiciliary Care	1. Domiciliary care packages 2. Domiciliary care to support hospital discharge (Discharge to Assess pathway 1) 3. Domiciliary care workforce development 4. Other
9	Housing Related Schemes	

10	Integrated Care Planning and Navigation	1. Care navigation and planning 2. Assessment teams/joint assessment 3. Support for implementation of anticipatory care 4. Other
11	Bed based intermediate Care Services	1. Step down (discharge to assess pathway-2) 2. Step up 3. Rapid/Crisis Response 4. Other
12	Reablement in a persons own home	1. Preventing admissions to acute setting 2. Reablement to support discharge -step down (Discharge to Assess pathway 1) 3. Rapid/Crisis Response - step up (2 hr response) 4. Reablement service accepting community and discharge referrals 5. Other
13	Personalised Budgeting and Commissioning	
14	Personalised Care at Home	1. Mental health /wellbeing 2. Physical health/wellbeing 3. Other

15	Prevention / Early Intervention	1. Social Prescribing 2. Risk Stratification 3. Choice Policy 4. Other
16	Residential Placements	1. Supported living 2. Supported accommodation 3. Learning disability 4. Extra care 5. Care home 6. Nursing home 7. Discharge from hospital (with reablement) to long term residential care (Discharge to Assess Pathway 3) 8. Other
18	Other	

Description
Using technology in care processes to supportive self-management, maintenance of independence and more efficient and effective delivery of care. (eg. Telecare, Wellness services, Community based equipment, Digital participation services).
Funding planned towards the implementation of Care Act related duties. The specific scheme sub types reflect specific duties that are funded via the NHS minimum contribution to the BCF.
Supporting people to sustain their role as carers and reduce the likelihood of crisis. This might include respite care/carers breaks, information, assessment, emotional and physical support, training, access to services to support wellbeing and improve independence.
Schemes that are based in the community and constitute a range of cross sector practitioners delivering collaborative services in the community typically at a neighbourhood/PCN level (eg: Integrated Neighbourhood Teams) Reablement services should be recorded under the specific scheme type 'Reablement in a person's own home'

The DFG is a means-tested capital grant to help meet the costs of adapting a property; supporting people to stay independent in their own homes. The grant can also be used to fund discretionary, capital spend to support people to remain independent in their own homes under a Regulatory Reform Order, if a published policy on doing so is in place. Schemes using this flexibility can be recorded under 'discretionary use of DFG' or 'handyperson services' as appropriate
Schemes that build and develop the enabling foundations of health, social care and housing integration, encompassing a wide range of potential areas including technology, workforce, market development (Voluntary Sector Business Development: Funding the business development and preparedness of local voluntary sector into provider Alliances/ Collaboratives) and programme management related schemes. Joint commissioning infrastructure includes any personnel or teams that enable joint commissioning. Schemes could be focused on Data Integration, System IT Interoperability, Programme management, Research and evaluation, Supporting the Care Market, Workforce development, Community asset mapping, New governance arrangements, Voluntary Sector Development, Employment services, Joint commissioning infrastructure amongst others.
The eight changes or approaches identified as having a high impact on supporting timely and effective discharge through joint working across the social and health system. The Hospital to Home Transfer Protocol or the 'Red Bag' scheme, while not in the HICM, is included in this section.
A range of services that aim to help people live in their own homes through the provision of domiciliary care including personal care, domestic tasks, shopping, home maintenance and social activities. Home care can link with other services in the community, such as supported housing, community health services and voluntary sector services.
This covers expenditure on housing and housing-related services other than adaptations; eg: supported housing units.

Care navigation services help people find their way to appropriate services and support and consequently support self-management. Also, the assistance offered to people in navigating through the complex health and social care systems (across primary care, community and voluntary services and social care) to overcome barriers in accessing the most appropriate care and support. Multi-agency teams typically provide these services which can be online or face to face care navigators for frail elderly, or dementia navigators etc. This includes approaches such as Anticipatory Care, which aims to provide holistic, co-ordinated care for complex individuals. Integrated care planning constitutes a co-ordinated, person centred and proactive case management approach to conduct joint assessments of care needs and develop integrated care plans typically carried out by professionals as part of a multi-disciplinary, multi-agency teams. Note: For Multi-Disciplinary Discharge Teams related specifically to discharge, please select HICM as scheme type and the relevant sub-type. Where the planned unit of care delivery and funding is in the form of Integrated care packages and needs to be expressed in such a manner, please select the appropriate sub-type alongside.
Short-term intervention to preserve the independence of people who might otherwise face unnecessarily prolonged hospital stays or avoidable admission to hospital or residential care. The care is person-centred and often delivered by a combination of professional groups. Four service models of intermediate care are: bed-based intermediate care, crisis or rapid response (including falls), home-based intermediate care, and reablement or rehabilitation. Home-based intermediate care is covered in Scheme-A and the other three models are available on the sub-types.
Provides support in your own home to improve your confidence and ability to live as independently as possible
Various person centred approaches to commissioning and budgeting, including direct payments.
Schemes specifically designed to ensure that a person can continue to live at home, through the provision of health related support at home often complemented with support for home care needs or mental health needs. This could include promoting self-management/expert patient, establishment of 'home ward' for intensive period or to deliver support over the longer term to maintain independence or offer end of life care for people. Intermediate care services provide shorter term support and care interventions as opposed to the ongoing support provided in this scheme type.

Services or schemes where the population or identified high-risk groups are empowered and activated to live well in the holistic sense thereby helping prevent people from entering the care system in the first place. These are essentially upstream prevention initiatives to promote independence and well being.
Residential placements provide accommodation for people with learning or physical disabilities, mental health difficulties or with sight or hearing loss, who need more intensive or specialised support than can be provided at home.
Where the scheme is not adequately represented by the above scheme types, please outline the objectives and services planned for the scheme in a short description in the comments column.

Better Care Fund 2022-23 Template

6. Metrics

Selected Health and Wellbeing Board: Lincolnshire

8.1 Avoidable admissions

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Indirectly standardised rate (ISR) of admissions per 100,000 population	Indicator value	707	656	722	674		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(See Guidance)	Indicator value						

>> link to NHS Digital webpage (for more detailed guidance)

8.3 Discharge to usual place of residence

		2021-22 Q1 Actual	2021-22 Q2 Actual	2021-22 Q3 Actual	2021-22 Q4 Actual	Rationale for how ambition was set	Local plan to meet ambition
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	Quarter (%)	93.3%	93.5%	92.7%	93.4%		
	Numerator	14,939	14,901	14,415	13,684		
	Denominator	16,011	15,942	15,548	14,657		
		2022-23 Q1 Plan	2022-23 Q2 Plan	2022-23 Q3 Plan	2022-23 Q4 Plan		
(SUS data - available on the Better Care Exchange)	Quarter (%)						
	Numerator						
	Denominator						

8.4 Residential Admissions

		2020-21 Actual	2021-22 Plan	2021-22 estimated	2022-23 Plan	Rationale for how ambition was set	Local plan to meet ambition
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	432.9	424.9	509.9	503.0	The Lincolnshire Health and Care system have adopted home first principles and additional investment into P1 D2A. This is reducing inappropriate, early admissions into residential care. Strength based approach programmes are also in place to	Using the high impact change model to managing transfers of care. There is a step wise increase in capacity for P1 D2A and a whole system review of intermediate care. There is a joint commissioning intention to invest and improve integrated
	Numerator	789	789	947	950		
	Denominator	182,278	185,707	185,707	188,869		

Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population (aged 65+) population projections are based on a calendar year using the 2018 based Sub-National Population Projections for Local Authorities in England:
https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based

Lincolnshire Health and Wellbeing Board

Lincolnshire Better Care Fund Narrative Plan 2022/23

Executive Summary

The Lincolnshire Health and Care System key deliverables for 2022/23

- The Lincolnshire Health and Care Leadership team are committed to recover from the COVID pandemic, deliver key transformation programmes and improving the efficiency and productivity of services through stronger integration and focus on population health outcomes and reduction in health inequalities.
- System partners have worked closely in Lincolnshire, against a backdrop of unique operational pressures, to develop our 2022/23 plans.
- What is presented in this BCF plan is a strong collective endeavour to deliver the BCF framework and meet the national conditions.

Our BCF key deliverables for 2022/23 are as follows:

Reduce the pressures on urgent & emergency care by building community care capacity –providing the right care, at the right time, in the right place

- The Lincolnshire system has undertaken an end to end review of the UEC pathway.to ensure that the commissioned services meet the needs of the population.
- In line with planning guidance and the systems Recovery Support Programme there is a continued emphasis placed on delivering our ambition for Care Closer to Home. Patients will be supported to access the most appropriate service for their needs, safeguarding emergency services for those that require that level of care.
- Key components of our plans include providing more co-ordinated care for patients in their home or in their local community that prevents unnecessary hospital attendance or admission; establishing a single specialist palliative care service with effective home-based support; ongoing implementation of the Somerset Discharge to Assess model, ensuring that all patients are discharged from an acute setting as soon as they are ready to do so, with the requisite reablement, rehabilitation & home care support
- The system has recognised the need to improve delivery of Pathway Zero. Increasing the proportion of people on Pathway Zero – at least to the regional average, where patients no longer have any care needs that require additional support. In addition to strengthening capacity in Pathway 1.
- Collectively these initiatives will result in the Lincolnshire population spending less nights in hospital, improve patient outcomes and experience.

Using our collective resources more effectively and equitably

In delivering the priorities it will require a shift in approach to focus on what 'matters to people' through personalised approaches, population health outcomes and improving the stability of our workforce.

More personalised care

- Relationships: making a positive power shift in relationships between people and professionals to one of equal, shared decision-making.
- Empowerment: respecting a person's right to lead their own health and wellbeing
- Mindset: having meaningful conversations with people to find their strength and assets, exploring what's important to them, their goals and aspirations

Population health management, prevention and health equity

- Using data and analytics in service planning and delivery, with a focus on targeting the most relevant patient cohorts and improving access and health equity for underserved communities. Specific 22/23 priorities: progressing the development of the ICS intelligence function and a PHM implementation roadmap; creating the supporting digital infrastructure
- Prevention: implementing tobacco dependency services in NHS services; establishing a CVD & respiratory prevention programme; Targeting weight management, alcohol.

Digital

- Exploiting digital technologies to transform the delivery of care and patient outcomes: initiating the Lincolnshire electronic patient record; expanding the care portal and patient portal; using the National Electronic Referral System; introducing care home remote clinical observation kits and new monitoring at home services; supporting virtual wards; establishing system-level sharing and governance of health and care data

Delivering the national ambition on integrated care

- Integrated Care System: The NHS will continue to work with health and care organisations across the county which will continue the journey to become a thriving ICS.
- Integrated Care Board: The ICB has now succeeded the CCG and has begun to develop its first ICS strategy, closely aligned to the pre-existing H&W Board Strategy and JSNA..
- Provider collaboratives: Continued development of the Lincolnshire Health & Care Collaborative and Lincolnshire Mental Health, Learning Disability & Autism Alliance provides oversight of further opportunities to strengthen integration between health, social care, housing services and our voluntary sector.

BCF Stakeholders and Governance

Bodies involved in preparing the plan

The challenging timescales for the 2022/23 BCF assurance cycle has meant that a wider consultation and engagement exercise on “The Lincolnshire BCF Plan” was not feasible. However in Lincolnshire we approach the BCF as a continuous process with ongoing engagement and coproduction throughout either on an individual scheme basis or the higher level objectives and strategic intention of the BCF. The following bodies have been involved in the production of the plan:

- NHS Provider Organisations: Lincolnshire Community Health Services; Lincolnshire Partnership Mental Health Foundation trust; the Primary Care Network Alliance, and United Lincolnshire Hospitals Trust.
- Commissioning organisations: Lincolnshire NHS Integrated Care Board and Lincolnshire County Council.
- Lincolnshire Health and Wellbeing Board and Housing, Health and Care Delivery Group (HWB Sub Group). Including Social Housing Providers (Lincolnshire Housing Forum), NHS organisations, 7 District Councils (City of Lincoln, West Lindsey, East Lindsey, Boston, South Holland, North Kesteven and South Kesteven), Adult Social Care and VCSE sector.
- Voluntary Engagement Team (VET) . Collaboration of Voluntary and Charitable organisations in Lincolnshire. VET are represented at the HWB, Lincolnshire Health and Care Provider Collaborative (LHCC) and the ICS Board. Representation includes St Barnabas (Hospice) and Age UK.
- Lincolnshire Care Association (LinCA). LinCA represents the social care provider sector and has representation at the LHCC and ICS Board.

Stakeholder Involvement

Individual BCF schemes are coproduced with relevant stakeholder to maximise the opportunity for success delivery. This is undertaken in the context of a well established strategy which is shared and adopted by stakeholders.

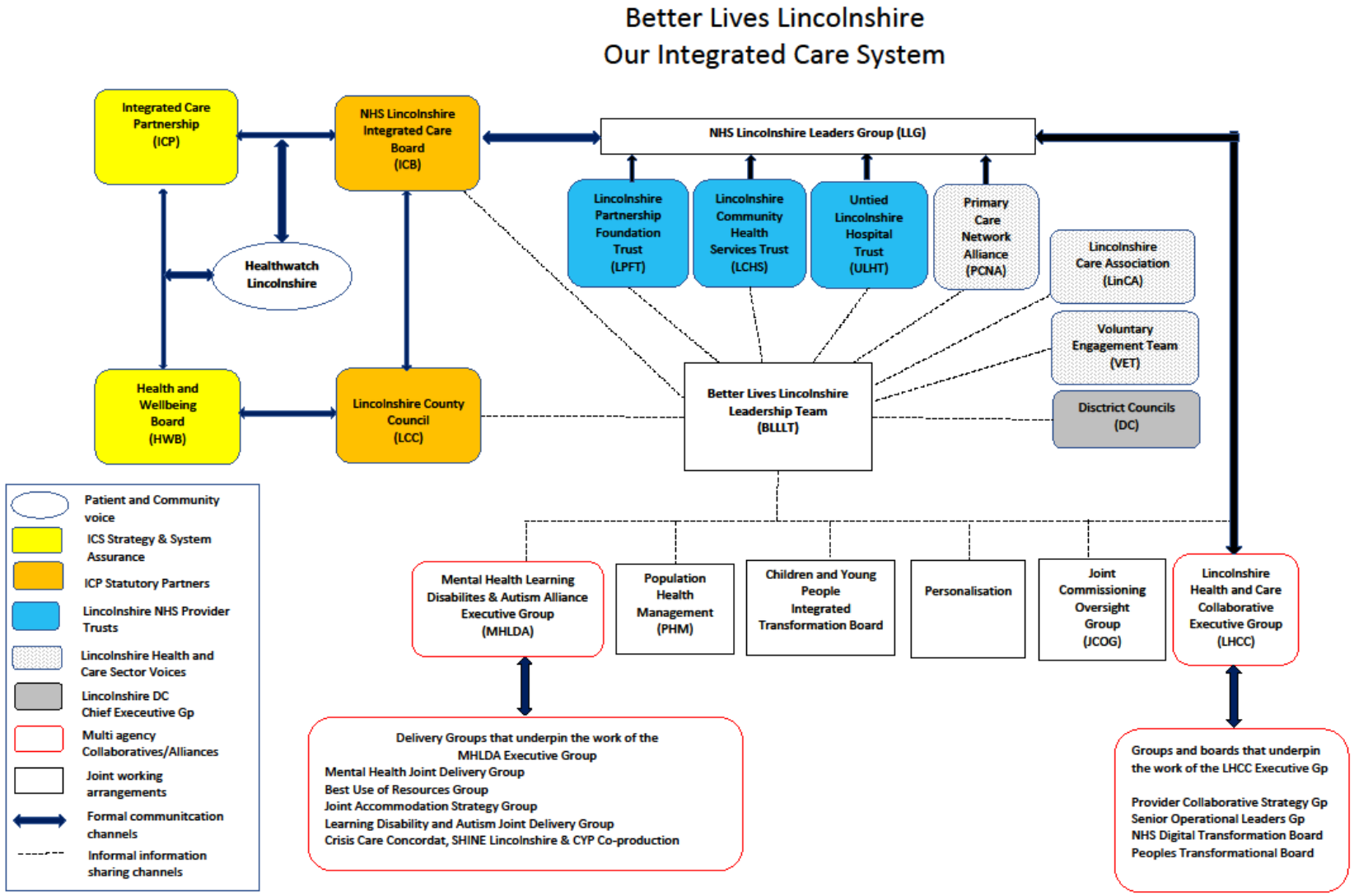
Lincolnshire has a history of successful BCF planning and delivery with oversight from the health and wellbeing board. Throughout 2021/22 and so far this year, there has been continuous involvement with all stakeholders to guide the development and ongoing iteration of the BCF plan for 2022/23. Specifically BCF schemes and objectives regarding hospital flow and discharge have been co-produced between adult care, Lincolnshire Community Health Services and United Lincolnshire Hospitals Trust. Several schemes have been provided or supported by Age UK or LinCA and the VCSE sector/independent social care provider sector, engaged in discussions.

Governance

The governance continues to evolve as the ICS and ICB becomes more established. Ultimately the H&WB continue to provide oversight of the BCF, however the ICB and LA also agree the plan as required.

The Lincolnshire governance map is provided on the next page. This demonstrates the relationship between system organisations, board and committees and highlights the involvement of these in the BCF development. There are formal, constituted relationships and reporting between boards, but also more informal communication and engagement routes to enable co-design in the widest sense.

BCF Governance



BCF Plan, approach to integration and implementing policy objectives

Better Lives Lincolnshire

There is a long history of joint working in Lincolnshire between the NHS, Local Authority Public Health, Social Care, the 3rd Sector, Housing and Children's Services, to address the factors that determine health throughout the life course and to seek to reduce demand on health care services in a more preventative and proactive manner. In the last 18 months these have been made even stronger.

- Lincolnshire' is a clear, well established and understood term. In the county there is :
  - Lincolnshire County Council (and 7 District Councils which together are coterminous with the County Council)
  - NHS Lincolnshire ICB (coterminous with County Council)
  - Three NHS Trusts – all with Lincolnshire in their titles (United Lincolnshire Hospitals NHS Trust; Lincolnshire Community Health Services NHS Trust; Lincolnshire Partnership Foundation NHS Trust)
  - 85 Lincolnshire GP practices
  - Lincolnshire Care Homes Association (295 care homes in the county)
  - Lincolnshire Voluntary Engagement Team (3rd sector grouping)
  - Alongside other key partners e.g. Lincolnshire Police

- The Better Lives Lincolnshire Alliance, the Lincolnshire ICS, is a shared partnership across the health, care and 3rd sector in the county, and is a joint endeavour.

- We believe that our focus should be on the outcomes that we can together deliver for people across Lincolnshire, and not structure. Form must follow function for us in Lincolnshire to be as effective as possible

placed to design an integrated care system which works in our geography and for our population. In doing so, we will continually compare our outcomes with those of others and learn from experience across the country.

- Across the broader health and care system in Lincolnshire we have a good track record with one of the largest pooled budgets in the country.

- This has particularly deepened, evolved and accelerated over the past 18 months in response to evolving national policy in relation to Integrated Care and due to a combination of key local factors:
  - Establishing a single NHS Clinical Commissioning Group in Lincolnshire
  - The successful establishment of the Lincolnshire Joint Working Executive Group (JWEG)
  - Strong and effective joint working and support through Wave 1 of the Coronavirus pandemic through the LRF.
  - Joint development of Town Fund Bids, One Public Estate and proposed Cavell Centre in Sleaford

- This has already delivered good outcomes for the population, evidenced by the recent CQC review of provider collaboration in Lincolnshire and joint working on a number of shared priorities.

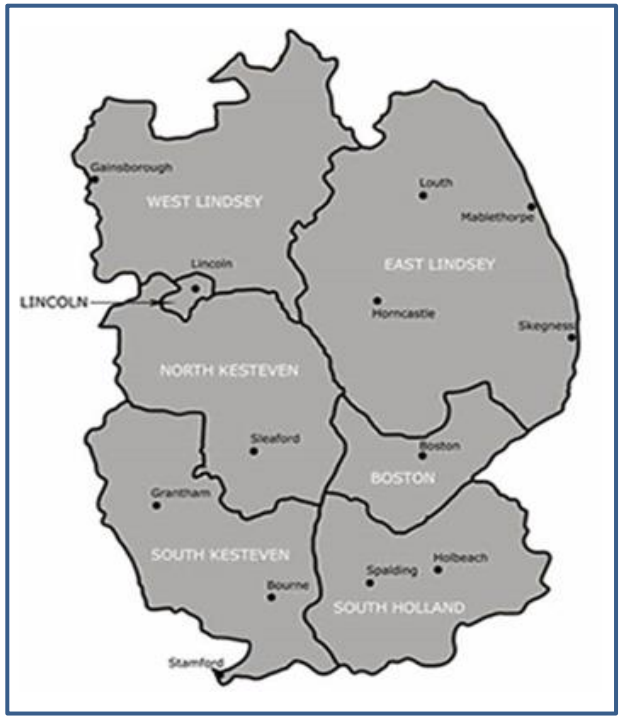
- Health and care partners in Lincolnshire believe that becoming an ICS- through the Better Lives Lincolnshire Alliance - is the next step on the ongoing evolution of this partnership and joint working as we seek to continue to deliver:
  i. Better health and wellbeing for everyone;
  ii. Better care for all people; and
  iii. Sustainable use of resources

Lincolnshire COUNTY COUNCIL Working for a better future

- Single county council
- Responsible for the Lincolnshire Health and Wellbeing Board - aims to reduce health inequalities and improve people's health & wellbeing
- Delivers adult social care, children's care, support for carers, help to live at home, health and wellbeing programmes, safeguarding and support with disabilities

NHS Lincolnshire Clinical Commissioning Group

- Single NHS ICB planning, commissioning and developing healthcare services for the population of Lincolnshire
- Formed 1st April 2020, following merger of the four previous CCGs in Lincolnshire



NHS Lincolnshire Community Health Services NHS Trust

NHS Lincolnshire Partnership NHS Foundation Trust

NHS United Lincolnshire Hospitals NHS Trust

- One provider of community services, one provider of mental health services and one provider of acute hospitals services – with a track record of developing relationships and working together

Voluntary Engagement Team
Linking Differently to Health and Care

- The Voluntary Engagement Team is a partnership working together to further opportunities for the voluntary sector in the county.

Lincolnshire Care Association

- Supports care and support providers to ensure there is a sustainable choice of quality care services within Lincolnshire

Lincolnshire Primary Care Network Alliance

- The Alliance is general practice's unified voice at a system level, membership consists of all of the PCN (14) Clinical Directors in Lincolnshire

b) **Lincolnshire population overview**

Headlines

- Lincolnshire is the fourth largest county in England covering an area of 5,921 sq. km.
- 768,400 residents (2021), or 803,165 GP-registered patients
- Lincolnshire is predominately rural, with no motorways, little dual carriageway and 80km of North Sea coastline
- Our population is on average older than the population of England. It also has a higher proportion of adults over the age of 75 and the number in this age range is expected to double over the next 20 years. Year-to-year increases in the size of this ageing population are one of the key planning assumptions for Lincolnshire's health and care system.
- The greatest causes of ill health and mortality are cardiovascular disease, cancers, musculoskeletal conditions and mental ill-health. Musculoskeletal conditions and mental ill-health are the biggest contributors to 'the number of Years Lived with Disability' in Lincolnshire's population.
- The combination of an ageing population, a rural geography and areas of high socioeconomic deprivation defines the specific challenge of delivering high-quality and effective treatment and preventative services in Lincolnshire.

Ethnicity

- The diversity of the population is gradually increasing as a result of new and emerging communities. As of the 2011 Census, 93% of residents identify themselves as White British with a significant 4% identifying as White Other. This 4% is primarily made of Eastern European communities.

Deprivation

- Urban areas and particularly the coast suffer higher deprivation, although there are pockets of deprivation across the county, including in rural areas which frequently suffer from issues of accessibility.

Housing

- Lincolnshire has 335,450 households. 21% of private housing stock is estimated to have a serious hazard likely to cause illness or harm
- There are around 200 caravan sites, and nearly 25,000 static caravans on the Lincolnshire coast (the largest concentration in Europe) with a permanent population of over 6,000 people. There are also smaller static caravan sites across other areas of the county; A report by Centre for Regional Economic and Social Research suggested 40% of caravan dwellers were in effect full-time residents in East Lindsey and that some others spent 40-50% of the year in their caravan. The report also suggested that 31% of local caravan residents were living with long-standing illness, disability or infirmity and nearly a quarter surveyed had health issues affecting mobility. 11% stated that they accessed local GPs as a 'temporary resident'.

Economy & Employment

- Lincolnshire has strong agriculture, manufacturing, food and tourism sectors, however these tend to provide lower paid and lower skilled employment than the national average. Lincolnshire as a whole is the largest single contributor to agricultural production in England, providing nearly 30% of the field vegetable crop in the country from its arable land.
- Unemployment in Lincolnshire is below national rates, however there is significant seasonal employment in relation to the strong horticulture and tourism sectors, particularly in the east and south of the county. Lincolnshire has one of the fastest growing rates of carers in the UK. Between 2001 and 2015, the county experienced a 27.5% increase in the number of carers, compared to the general rate of population growth of 6.2%.There are estimated to be over 84,000 unpaid carers in the county

Education

- Lincolnshire's school level attainment is broadly in line with national figures, and above regional figures, at GCSE level , and above both national and regional figures at A' level; The proportion of the working age population in the county qualified to NVQ level 3 and higher is below regional and national averages.

c) Key systemic issues faced by the Lincolnshire system

Performance issues in the acute care system

- The acute care system in Lincolnshire has faced performance issues in some areas for a number of years now, and struggled to consistently meet NHS Constitutional Standards. These areas are: A&E performance; Cancer; Elective care access/waiting times
- A key contributing factor to this situation is an over-reliance on hospital treatment, rather than on prevention and the interventions needed to keep people well at home.
- The Covid-19 pandemic has emphasised more than ever the need to ensure patients only attend urgent and emergency care services at hospital when absolutely necessary.
- For cancer and elective care the pandemic has focused the need to restore these services back to 'pre-Covid' levels, and better, as quickly as possible to ensure patients receive the care and treatment they need.

Financial Sustainability

- The health economy in Lincolnshire has been in financial deficit for a number of years (c.£100m 19/20). The majority of this has been attributable to the Acute Trust - ULHT, however more recently financial pressures began to manifest in the ICB.
- Key drivers are: Hospital service demand and the way services are configured across the county; The significant cost of maintaining three acute hospitals (in significant disrepair); The premium cost incurred in trying to attract the right mix of clinical and professional staff
- Whilst continuous efforts have been made to tackle these issues, they can only be effectively addressed by fundamentally changing the way in which healthcare services are delivered. This will mean investing in community, mental health and primary care and reducing costs elsewhere in the system.
- The NHS financial regime in response to the Covid-19 pandemic has meant the system has been close to break-even through 2020/21 and 2021/22. However when the NHS financial regime returns to 'business as usual' a reversion to financial deficit is expected.

Health Inequalities

- For many years, the health and care system in Lincolnshire has worked together to tackle health inequalities, recognising that, as a system we have an important role to play in the response to tackling this issue, both in terms of access to services and outcomes on life expectancy.
- In more recent times the gap has widened. It has been ten years since the publication of The Marmot Review. Over the last decade health inequalities have widened overall and the amount of time people spend in poor health has increased. Increases in life expectancy have slowed since 2010 with the slowdown greatest in more deprived areas of the country.
- The Covid-19 pandemic has further highlighted and worsened the inequalities that exist in Lincolnshire and the challenge to respond has never been greater.

Workforce

- The Lincolnshire system experiences challenges in attracting and recruiting specific staffing groups, in part due to geographic and demographic challenges, leading to a historic high dependency on locum and agency - especially within the acute services.
- The health and care sector need to work differently. Never more so has this been evident than during the past 18 months. An agile workforce that can work to the top of their grade, across service and organisational boundaries with a digital mindset is crucial to deliver care closer to home in a dispersed and rural locality such as Lincolnshire.
- The Covid-19 pandemic has put a huge stress and strain on the health and care workforce, which the Lincolnshire system partners have came together to support and manage 'as one' brilliantly. However, in the medium to long term, the pressures of the pandemic on staff could have a further adverse effect on the availability, recruitment and retention of staff as people consider their future roles and careers.

Where we want to be

Working together, developing a thriving Integrated Care System

Shifting from a fragmented health and care system…

Commissioning activity is transactional
NHS Commissioners undertake a number of activities that are 'low value' and do not drive population health changes

Separate health and social care commissioning
Local Authority and ICB commission services separately and pool only very small amounts of funding associated with Better Care Fund

Limited integration across providers
Good working arrangements, however integration across care settings, including with social care, remains limited

Providers receive fees for services / parts of pathways
Providers predominantly incentivised to deliver distinct service components through activity-based contracts

Which for the people of Lincolnshire means:

- A lack of ownership of the overall, and continuing, health and care of people.
- A focus on reactive treatment, rather than proactive intervention and preventative action.
- People visiting different services, that are not entirely integrated and do not communicate with each other efficiently across the whole care cycle.

To a thriving integrated care system

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Supporting broader social & economic development

Integrated Care Partnership & Integrated Care Board

- Providing a whole system view of population health needs and inequalities
- Setting clear strategic direction using outcomes, KPIs and care standards for improvement
- Ensuring collective accountability between all partners for whole system quality, performance and finances

Shared accountability

Shared outcomes

Provider Collaboration & Partnership

- Deciding how outcomes, KPIs and standards will be delivered through operational delivery and service/pathway redesign & transformation
- Delivering outcome, KPI and care standards based contracts for specific populations incl. capitation, pool funds, and risk shares

Which for the people of Lincolnshire means:

- Services organised around patients that span professional boundaries – fewer hand offs and less bureaucracy for people to manage
- Care and support is focused on delivering the outcomes that are important to people
- Care providers are collectively responsible for the full cycle of care - their key objective is 'how can we best deliver outcomes for people together'?

Our core ambitions for health and care in Lincolnshire

The Lincolnshire Long Term plans links with the pre-existing Joint Health and Wellbeing Strategy and ICS which is development and due by December. The Lincolnshire Long Term Plan identified four core ambitions, which remain completely valid:

STP_full_plan_20161212_web.pdf (lincolnshire.nhs.uk)

Prevention:

- We want to shift the entire emphasis of the system from treatment to prevention and self-care.
- We want local people to have the best start in life, so they can live and age well by helping them to make healthier lifestyle choices and treating avoidable illness early on.
- We will work with partners to address the wider determinants of health.
- We will significantly increase the
- management of chronic
- conditions in a community
- setting to reduce unnecessary
- hospital admissions

Person-centred care:

- We want people to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences. This shift represents a new relationship between people, professionals and the health and care system. It provides a positive change in power and decision making that enables people to feel informed, have a voice, be heard and be
- connected to each other and their
- communities. The emphasis is on
- self-management: supporting people to develop the knowledge, skills and
- confidence to manage their own health and wellbeing. We want people to die with dignity in a place of their choice. Communities and staff will be included in the design, delivery and assurance of services so that everyone truly owns their care

Working together:

- We want joined-up, co-ordinated services across the health and care system to better meet people's needs and improve their experience of care.
- This means operating as one integrated team that works together with the person and their family at the centre.
- We will work increasingly closely with local authorities, the voluntary sector and others to connect care across hospital and community care, physical and mental health care and health and social care.
- We will also work with other relevant agencies, (transport, housing and the justice system) to improve health and wellbeing.
- All planned and paid for once, with councils and the NHS working together to remove barriers created by planning and paying for services separately

Care closer to home:

- We want to deliver services as close as possible to people in their own homes.
- Wherever possible, services will be provided in the local community.
- Only when the safety, quality and cost effectiveness of care are improved will services be delivered elsewhere such as in hospitals and centres of excellence.
- Lincolnshire's rurality and dispersed population can pose a challenge for people getting to and from health facilities – we will tackle this through both telecare, care closer to home and innovative transport solutions developed in partnership with the local authority

Our Shared Agreement for the best health and care for Lincolnshire

We need to continue the journey we have started to ensure the best health and care in Lincolnshire and we know this needs to have the people of Lincolnshire and their communities at its core. This is being driven by the development of Our Shared Agreement for the best health and care for Lincolnshire - making it add up to better lives for all.

At the heart of Our Shared Agreement is the idea of a new relationship between the Lincolnshire health and care system and the people of Lincolnshire that:

1. Starts with people's needs
2. Is in a language people can understand
3. Resonates and is important to people
4. Shows what is important to people is being achieved
5. Engages local people in the process of analysing results and working out what this means for services, people and communities

This relationship is different to what has gone before and is key to our success. We want it to provide the foundation for meaningful ongoing engagement and dialogue with the people of Lincolnshire and empower them to be part of delivering the best health and care for the county

To make sure we deliver the highest quality public services a set of principles have been developed which underpin Our Shared Agreement, and it's suggested all organisations adopt these. How we work as an Integrated Care System to deliver Our Shared Agreement will be based on Our Shared Agreement Principles.

- Have a set of shared core values and behaviours
- Plan and deliver care and support with individuals to achieve the best outcomes for them
- A preventative, assets-based and population-health management approach
- Ensure everyone has the same opportunities and people feel like they belong and are included
- Support and empower everyone so they have the confidence, freedom and permission to do what will make a difference

Lincolnshire's Coproduction Alliance

Building on the co production work that is already happening in Lincolnshire we are looking to develop a Co Production Alliance with a strategic aim to ensure that people with lived experience are shaping and influencing the way services are designed, commissioned and delivered across the Health and Care System.

To do this..

- People with lived experience will have the skills, knowledge and confidence to operate across the Lincolnshire Health and Care system influencing the way in which Services are delivered.
- Support our workforce to have the skills, knowledge and confidence to build true co production values into their daily practice.
- Develop a range of techniques, methods and approaches to co production to ensure it is accessible to a wide range of people from across the county.
- Work with Strategic Partners who will operate as the knowledge base and experts/ consultants, provide impartial facilitation and independent quality assurance.
- Adopt Every-One's values and beliefs
    - **P**erson-centred: treating people as individuals.
    - **E**mpathy: caring and compassionate for people.
    - **O**ptimism: positive, brave, and agile.
    - **P**artnerships: developing and being part of networks.
    - **L**earning: evolving and innovating.
    - **E**ngaging: valuing people and the lived experience.

Care Closer to Home

Making care closer to home a reality - our blueprint for out of hospital care

Our vision is for a new integrated model of health and care, with the majority of care and support provided closer to home, from community settings and within people's own homes, rather than from acute services. Primary Care Networks (PCNs) are the key building blocks for care coordination, complex case management and long term condition management.

We understand the significant sustainability and quality challenges facing healthcare delivery across Lincolnshire and embrace the need for a fundamentally different operating model. The future target operating model (TOM) is a high quality, financially affordable system underpinned by: population health management at scale; care coordination; self-care and personalisation; addressing health inequalities; integrated budgets; and with technology in place to facilitate this delivery. Finance and contracts, where incentives are aligned to deliver outcomes, will shift the focus of delivery towards a preventative and proactive offer of support. It will be based on effective system partnerships.

Lincolnshire's future TOM will be based on prevention, self-care and joined-up local community services, at PCN and PCN Cluster (Place) levels, supported by specialist services in acute hospitals at countywide (System) level *(1).* There will be a range of health and care functions that will build upon the existing PCNs. With a strong local focus, communities will be equipped with the necessary tools, information and resources to understand and improve the health and wellbeing of their population. This increased knowledge will enable targeted interventions to specific groups of patients. A well-connected infrastructure of voluntary services within local communities, that are seen as key delivery partners, will deliver a range of health and wellbeing initiatives including: social prescribing; care navigation and coordination; carer support; patient education for specific conditions/pathways and volunteering groups.

In the future state, people will be able to access services via mobile app, web, phone or face to face. This will be supported by a digital infrastructure, such as shared patient records, real time service directories and disease registries for population health.

An integrated primary, social, community and third sector function will offer joined-up delivery of wellbeing services, primary care, social care, community and voluntary services. These integrated service teams will be available in each PCN to deliver a range of care to local people e.g., long term conditions, post-operative rehabilitation, mental health & end of life. These teams will have rapid access to urgent community responses at PCN Cluster level and specialist services at countywide level when necessary. This will be built around the established PCN structure.

A significant number of A&E attendances and admissions could be prevented through MDT working, care coordination and proactive, anticipatory care at PCN level. Urgent community responses would be provided at PCN Cluster level by a range of professionals working together to deliver a rapid response, to enable people to be cared for in their own home/communities.

There will still be times when residents will require acute or emergency care and this will be provided by appropriately resourced services delivered from their local hospital. Access to high quality acute hospital services will be provided for residents when they need specialist intervention. The acute services review programme has determined the new reconfiguration for acute care in Lincolnshire.

Use of an integrated patient level data set (population health management) will be central to care provision and delivery. The dataset and associated insights will be used by front line teams to define daily and weekly clinical priorities, identify patients whose health and care can be most impacted if supported proactively and to understand how incentives can encourage the collaboration and behaviours that will achieve best patient outcomes, workforce engagement and a sustainable financial position.

The development and implementation of this new operating model is the foundation of all our system transformation work.

1 – further timescales & targets to be added

Care Closer to Home: Integrating care

Our vision is for a new integrated model of health and care, with the majority of care and support provided closer to home, from community settings and within people's own homes, rather than from acute services. Primary Care Networks (PCNs) are the key building blocks for care coordination, complex case management and long term condition management. The development and implementation of this new operating model is the foundation of all our system transformation work.

Future state

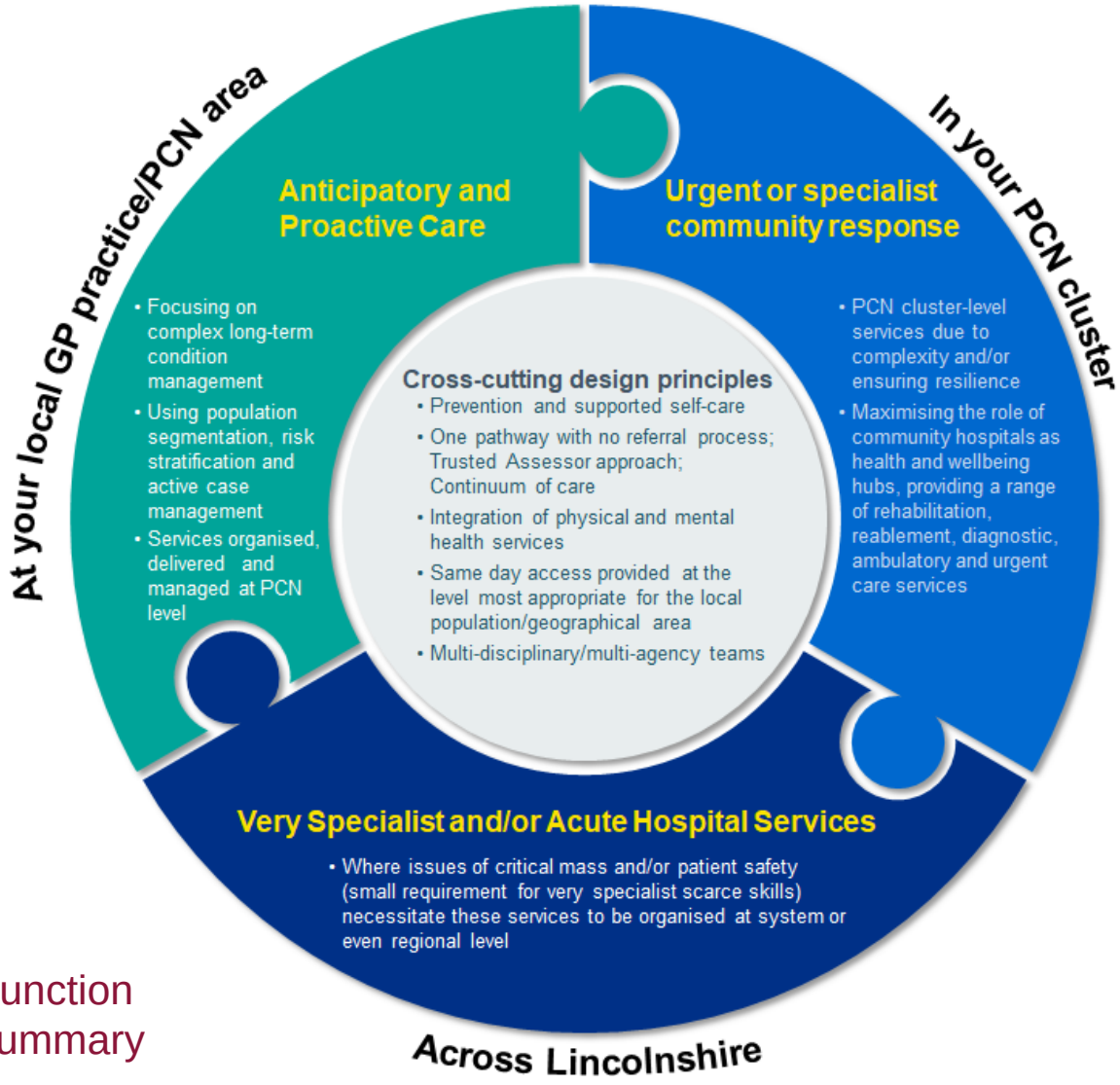
The advent and development of PCNs, coupled with digital improvement accelerated by the response to the COVID-19 pandemic, has led the Lincolnshire system to re-think its approach to how it integrates the delivery of care.

A key element of the Care Closer to Home rapid transformation programme *(2)* has been to develop a new Target Operating Model for alignment of services based on function at PCN, PCN cluster and ICS level.

It should be noted that the scope of this work to design the blueprint for the out-of-hospital model of care is adults with or at risk of identified health needs. It is the intention to expand this to children and young people in the future.

The plan summarises the work to date, based on discussions with system partners. We will continue to engage and refine over the coming months.

The diagram on the right provides a high-level summary of the functions that will be delivered at PCN, PCN cluster and ICS level.



Function summary

2 – Proposed timescales and outcomes to be added.

Care Closer to Home: Discharge to Assess (Patient Flow & Discharge)

Context

On 8th December 2021 the Better Lives Lincolnshire Leadership Board session asked the newly appointed System Flow Director to look at the feasibility of implementing 'The Somerset model for intermediate care' which is recognised nationally and regionally as best practice for Discharge to Assess (D2A).

This model requires that all patients are discharged home as the default pathway from an acute setting as soon as they are ready to do so, and that reablement / rehabilitation / recovery / home care support is wrapped around the individual in their own home (or usual place of residence) with the aim to a return to the quality of life they had prior to their hospital admission.

- Home First D2A is a model that is used to discharge people from hospital when it is safe and appropriate to their own home wherever possible and onward assessments, care and support are tailored to their individual needs
- Implementing a D2A model where any assessments are undertaken out of the hospital and following Home First principles where going home is the default pathway, ensures the best possible outcome for patients
- To successfully deliver home first D2A one of the first steps is to define pathway 1 as the most dynamic home based 'Rehabilitation, Reablement, Recovery' service in the system which aims to deliver better ASCOF (Adult Social Care Outcomes Framework) outcomes than 'institutional bed based rehabilitation'
- Definition of pathway 1 in the national policy – allowing someone to return home with new, additional or a restarted package of support from health and/or social care and every effort should be made to follow home first principles, allowing people to recover, re-able, rehabilitate or die in their own home.

Future State

A self assessment against the updated High Impact Change Model for managing transfers of care has been undertaken and actions for improving future performance agreed:

- Lincolnshire will implement the Somerset D2A model (3) as soon as practicable, and a detailed plan is being created.
- As part of the implementation of the Somerset model, there is an emphasis on increasing Pathway zero discharges to 85% of those patients no longer meeting the criteria to reside (to be discharged pre-midnight). To facilitate this, it was agreed that patients admitted from Care Homes and other supported settings should be able to return to their home setting without further re-assessments taking place.
- There was a recognition that the health and care system currently have insufficient Pathway 1 capacity and is over investing in beds. Partners agreed to work together to find creative solutions to resolve this gap. Current pathway 1 capacity is estimated at supporting 8 Discharges per day (4 community rehabilitation and 4 reablement) against a required discharge capacity for 21 discharges per day (16 for ULHT and 5 for other Acute Providers).

The Joint Commissioning Oversight Group (JCOG) is progressing discussions on the implementation of the Somerset Model for the system linked to oversight of the allocation and impact of the Discharge Fund. This will ensure alignment and oversight of this work programme to avoid duplication and support shared delivery ambitions.

3 – Timescales to implement to be added

Care Closer to Home: Discharge to Assess (Patient Flow & Discharge)

Implementation and key milestones:

Pathway 0

Impower external support is in place to ensure the full implementation and embedding of the national hospital discharge policy moving towards the Lincolnshire version of 'The Somerset model' and increasing home based assessment following a period of rehabilitation, reablement and recovery wherever possible.

Pathway 1 D2A Service

The Lincolnshire Pathway 1 offer has previously been provided solely by the Local Authority through a prime provider model using Lincolnshire Reablement Service (LRS) and Domiciliary Home Care, both commissioned from the external market.

Until December 2021 there was no health commissioned offer for Pathway 1 but this was introduced from 20th December via Lincolnshire Community Health Service (LCHS) NHS Trust. Initially a Therapy-to-Therapy discharge service but now includes full-service implementation at Pilgrim Hospital Boston (PHB) with expansion to Lincoln County Hospital (LCH). This has been achieved through redeployment of existing therapy teams while recruitment to scale-up the service continues at pace and with some success. The service has partially reduced the capacity gap taking up to 20 patients every 2 weeks currently with substantive recruitment ongoing *(4)*:

The key priority remains onboarding, training and competency sign-off for the new starters to ensure independence for the staff. This is likely to be an average 6-week period for new starts with no previous experience.

Integrated D2A Hub

To facilitate the rapid roll-out of the LCHS Pathway 1 D2A service, a preliminary referral 'hub', based at PHB was established, to support the referrals process across the county. This initial service continues to have good engagement from LCHS, ULHT, ASC and LRS colleagues to offer joined up working and clinical discussion regarding the most appropriate course of action for patients deemed Medically Optimised in the acute setting.

Development of the long-term '**Integrated Discharge to Assess Hub**' is in the planning phase with aims for completion c. September '22. Equipment has been purchased and recruitment is being initiated.

Other actions already progressing

Main principle is that we move to a personalised and strength based approach rather than a total focus on flow. Person centric approach which is driven by 'what matters to me' rather than 'what is the matter with me' and plays to my strengths as an independent person. IMPOWER have been recruited to perform in depth analysis into this within our acute sites and are devising a prioritised strategy to support.

- Interim Pathway 1 referral service and the development and use of a simplified 'Transfer of care' form which describes need, rather than prescribes care.
- Establishing a weekly dashboard utilising information from the discharge policy sit rep and a shared minimum data set collected across the pathways
- Better integration of existing operational therapy services to enable better transfer of information and smoother transition Across services & pathways
- MADE events scheduled for acute and Community Hospital sites every 2 months
- To develop a portfolio of metrics that can be used to establish our internal benchmarks for the implementation of D2A, and subsequently monitor performance
- To embed personalisation and strength based approaches into hospital discharge
- To develop a Directory of Services specific to Patient Flow and Discharge, utilised by partners system wide

4 - baseline figures/timescales to be added

Enabler input | People Plan

Harness new ways of working in delivering health & care

Key tasks

- Approach Health and Wellbeing as a system modelled and promoted by leaders to optimise capacity of Workforce to make sure the right staff with the right skills are in the right place at the right time
- Supporting the Strategic Delivery Plan in clinical redesign of Care Closer to Home
- A clear approach to harness the opportunities within the ICS to promote and expand the volunteer workforce.
- Making the most of the skills in the wider workforce such as bank workers
- Develop a plan for system wide programmes and initiatives such as NHS cadets or reservists in conjunction with the Talent Academy
- Support organisations to harness the effort of the wider workforce the 3rd sector, other volunteers and carers in developing the workforce in delivering new models of care
- Lead the system collaborative bank programme
- Optimise the capacity of the current workforce by ensuring the highest level of attainment set out by the 'meaningful use standards' for e job planning and e rostering

Key outcomes/metrics

- Volunteer/reservist capacity/activity
- Proportion of clinical staff deployed using e roster and utilising e job plan
- Collaborative bank strategy with all system partners engaged

Growing our workforce planning and modelling

Key tasks

- Create detailed system workforce plan to identify and prioritise current workforce gaps across all system organisations.
- Secure expertise and / or WF planning system to address the planning requirements for modelling future needs
- Identify an effective platform for workforce modelling
- Introduce predictive analytic reporting to inform workforce planning across the system partners (NHS providers in 22/23)
- Agree system metrics to track progress against workforce plans and review to inform priorities.
- Engage with system partners for future wider implementation of workforce planning
- Building capacity and capability to inform workforce planning and modelling across all system partners

Key outcomes/metrics (5)

- Robust workforce plans/projections – including alignment with activity and finance

5 – Proposed timescales and outcomes to be added.

Enabler input | Supporting unpaid carers

There are a range of BCF schemes in Lincolnshire which support unpaid carers. Some are directly providing short breaks and identified within the plan, however all services are working to identify unpaid carers and provide appropriate support.

- BCF funded primarily the Health Team (including Hospital in Reach at Boston, Lincoln and Grantham)
- In addition, support was provided to increase the management team by one, to support the monitoring, evaluation and approval of personal budgets under £1000
- An additional Benefits Advisor was employed in order to manage demand and reduce waiting times

Health Community Support Advisors (CSAs)

From January 2018 to the 31st of March 2022 , the Carer's First Health team in Lincolnshire supported over 3,227 carers. These carers have been identified from the following health settings/organisations:

- United Lincolnshire Hospital Trust (ULHT Acute & Community Hospitals)
- General Practice/Primary Care Networks
- Neighbourhood Teams
- Voluntary Health Services
- Lincolnshire Community Health Services
- Palliative and End of Life Services
- Mental Health Services

Carers First Health CSA's co-located within a range of Health settings in order to engage directly with informal carers.

During the pandemic lockdowns the team worked flexibly to support Hospital Discharge and remote and community based Carer Wellbeing Support to 940 Carers.

Benefits Advisors

Carers First has a well-developed Benefits Advice Service delivered by a team of three trained and experienced Welfare Benefits Advisers. They provide group/1-2-1 benefits workshops, benefits checks, form completions, appeals and income maximisation including applications for additional grants alongside website info/tools e.g. the Turn2us benefits calculator is embedded on Carers First website.

This dedicated team has helped Lincolnshire Carers gain an additional £5.8m in benefits since the start of the contract *(6)*. Additionally, membership of Carers Trust has enabled Carers First to secure £66,942 for Lincolnshire Carers over the last three years to pay for items such as washing machines, cookers, beds, food, carers breaks and transport costs and Carers First is a District Council selected referrer to the Household Support Fund.

Carers Personal Budgets (Additional Manager supported by BCF)

Carers First is highly experienced at assessing needs and has processed, monitored and evaluated £2.6m in Carers Personal Budgets to date in a timely manner.

6 – further timescales & targets to be added

Enabler input | Disabled Facilities Grant (DFG) and wider services

Approach and context
Lincolnshire recognises the importance of having a safe, secure and warm home on people's health and wellbeing. The focus on this in the JSNA has been enhanced with 2 chapters on 'Housing Standards and Unsuitable Homes' and 'Insecure Homes and Homelessness'.

Lincolnshire is a strategic partner with the national Centre for Ageing Better and has been involved in the Good Home Inquiry that it commissioned and published. Numerous workshops, focus groups and interviews have been held to better understand what residents want and need and to define and map 'housing' services *(7)*.

Several new posts shared across the System have been created: Strategic Lead – Healthy and Accessible Homes and housing intelligence officers. In addition, the district councils are funding a County Housing [Homelessness] Partnerships Co-ordinator.

In 2021 the Housing, Health and Care Delivery Group reviewed its membership, terms of reference and delivery plan. It also published Lincolnshire Homes for Independence – a blueprint for helping people with care and support needs to live independently in a home of their own. Objectives in the blueprint are arranged in to four categories:

1. Understanding needs and opportunities;
2. Housing for people with care and support needs;
3. Helping people remain in their current home;
4. Helping people find and move to a new, suitable home

The delivery plan contains actions to help achieve the above objectives. Numerous actions are of relevance to the Better Care Fund plan, including updating the market position statement on homes for working-age adults with care and support needs; and updating the extra care housing delivery programme, continuing to progress this programme.

DFG and wider services
There has been a common Lincolnshire Discretionary Housing Assistance Policy developed with the intention that all district councils will adopt this under the Regulatory Reform Order. This supplements mandatory DFG making provision to top-up the maximum of £30,000 and for a range of aids, adaptations, and improvements to ensure people stay safe, warm and well. This can help to move to a suitable home (relocate) and help reduce delayed transfers of care (DTOC).

District councils can also retain additional discretionary policies under the RRO, such as to waive the means test for mandatory DFG for works costing below a certain level; which some do.

In 2022/23 the system is procuring a new integrated community equipment service. This will be a combined opportunity with the wheelchair service, which will join the service in 2024. An agreement has been made with the District Councils to include the provision of equipment type adaptations, traditionally provided via a DFG or the HRA. In the first instance this will be limited to stairlifts and modular ramps, with a view to increase the scope in the future. This approach will commence 1 April 2023 with districts who do not already have a stand alone stairlift contract, and the remainder of the county joining the agreement at expiration of existing contracts.

In 2022/23 the DFG funding has been passed in its entirety to the District Councils. This is in-line with the approach taken in previous years.

In 2022/23 there is a programme to integrate community occupational therapy across the system. This will increase the number of practitioners who are able to make recommendations via a DFG i.e. community NHS occupational therapy teams will no longer need to make an inter professional referrals for social services to progress the adaptation recommendations.

7 – Proposed timescales and outcomes to be added.

Enabler input | Personalisation

It's all about people :: Lincolnshire STP (itsallaboutpeople.info) - **A place for our Lincolnshire health and wellbeing workforce to reflect, learn and share how together we support people to live their best life.**

Culture and Behaviour

- Embedding a workforce culture of feeling comfortable and confident having strength-based person-centred conversations with people and understanding the tools and techniques that can be used to tailor responses and decisions to meet people's goals and agreed outcomes.
- Preparing people to have confidence to ask questions about their treatment, their health and wellbeing.

Key Milestones

Q1/2

- Recruitment to a jointly funded workforce development lead – hosted by the LA.
- Roll out of motivational interviewing to specific cohorts of staff
- Rolling out strength-based person-centred approaches with trial teams at Lincoln County, Pilgrim hospital and a community hospital to support the hospital discharge experience for people.
- Developing and launching a 'just ask' campaign to support the MSK programme.
- Phase 1 and 2 of the Better Lives Lincolnshire Shared Agreement engagement campaign
- The inaugural 'it's all about people' conference will be held

Q3/4

- Development of a curriculum for personalisation that is coproduced with partners and people with lived experience
- Business case for the delivery of the personalisation curriculum
- Further roll out of strength-based person-centred approaches across hospital sites
- Phase 3 and 4 of the Better Lives Lincolnshire Shared Agreement engagement campaign
- Rolling programme of virtual events building on the 'It's all about people' conference
- Lincoln Uni evaluation programme of Coaching for Health and Wellbeing to start

Activity

- 132 clinical staff to be trained in personalisation (66 in ULHT, 66 LCHS, LPFT) NHSE MOU Target
- 400 clinical and non-clinical staff to be trained in personalisation – Local Target
- 10 personal stories per quarter from staff will be captured and shared on the 'Its all about people' website *(8)*

Social Prescribing and community-based development

Key milestones

Q1/2

- The launch of the Lincolnshire Social Prescribing Partnership – to include localised commissioning arrangements, agreed outcome / performance framework and a community of practice model.
- Working with the Lincolnshire Social Prescribing Partnership to develop a shared local plan for social prescribing using PHM data and partnership working with commissioners, LAs and VCSE organisations.
- To continue to work with PCN's to actively recruit, retain, support, and develop Social Prescribing Link workers.
- To interface Social RX, the CRM system for Social Prescribing, onto primary care systems enabling online referrals and business intelligence reporting at practice level.
- NHS Charities together – social prescribing initiative to launch services for people with long covid.
- To embed social prescribing into the MSK service redesign work

Q3/4

- Implementation of the shared local plan with an agreed cohort of people from each PCN.
- Lincolnshire social prescribing partnership to agree the commissioning arrangements for social prescribing.
- Social Prescribing to be an active offer built into the MSK pathway
- To explore the opportunity of developing the social prescribing link workers / community connectors in Urgent Care services.

8 – Proposed timescales and outcomes to be added.

Enabler input | Health inequalities and prevention

Programme Overview

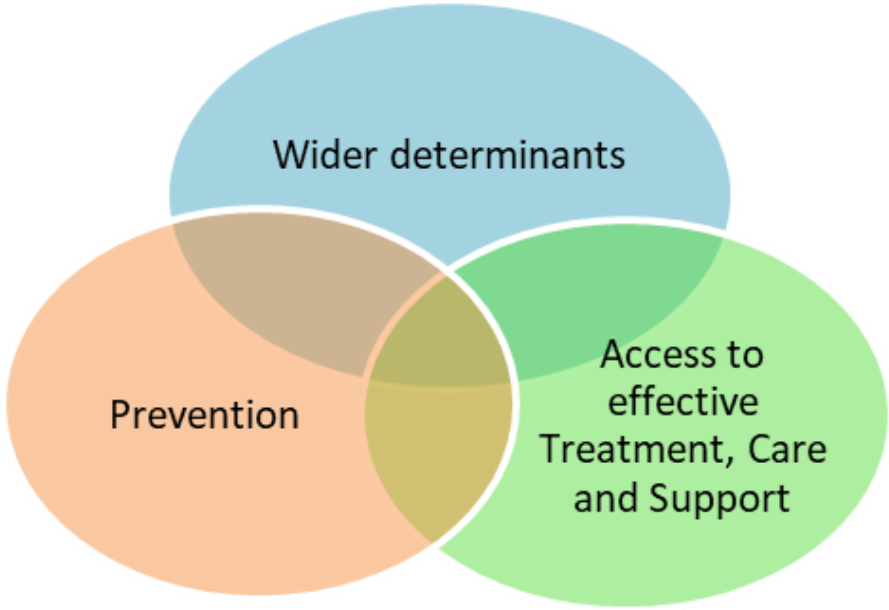
The vision of the Health Inequalities programme *(9)* is: to increase life expectancy and quality of life for people living in Lincolnshire and reduce the gap between the healthiest and least healthy populations within our county.

Our Health Inequalities Framework for Action, developed in partnership with stakeholders, sets out the principles which underpin this work and how we will use our resources to take practical action to reduce health inequalities and provide exceptional quality healthcare for all through equitable access, excellent experience and optimal outcomes.

We will tackle health inequalities and wider causes of ill-health through an embedded, integrated system approach tailored to meeting varying needs within Lincolnshire in order to achieve our ambition - a year-on-year improvement in addressing health inequalities by narrowing the gap in healthcare outcomes within Lincolnshire

We will achieve this through action to address:

- Wider determinants: Actions to improve 'the causes of the causes' such as increasing access to good work, improving skills, housing and the provision and quality of green space and other public spaces and best start initiatives.
- Prevention: Actions to reduce the causes, such as improving healthy lifestyles – for example stopping smoking, a healthy diet and reducing harmful alcohol use and increasing physical activity.
- Access to effective Treatment, Care and Support: Actions to improve the provision of and access to healthcare and the types of interventions planned for all



9 – Proposed timescales and outcomes to be added.

Enabler input | Health inequalities and prevention

Workstreams include :

– Embedding a system approach to health inequalities: Implementing HI tools such as the Health Equity Assessment Template (HEAT) and embedding within governance arrangements; providing a regular programme of HI Training & Development; HI Community of Practice and regular HI conferences; HI Champions within NHS Trusts and PCNs; Development of differential/allocative resourcing to address HI;

• Prevention: Tobacco Dependency Services (Acute inpatients, MH & LD services, smoke-free pregnancy pathway); Weight management; Tuberculosis; addressing the barriers to diabetes prevention in Mablethorpe (HEPP Project); CVD and Respiratory

• Intelligence, data and analytics: support programmes with access to HI data; develop system HI metrics, KPIs & dashboards; improve data collection such as ethnicity data; needs of inclusion health groups and intersectionality; HI metrics within internal and public performance reports;

– Development of HI Strategy: agreeing key HI priorities and plan for ICS; Channel Strategy/Approach to ensure equitable access and mitigate against digital exclusion; Development of differential/allocative resourcing to address HI.

Support to Programmes and Change Initiatives:

- Support Change Initiatives with undertaking HEAT reviews, identifying and optimising opportunities to reduce the Health Inequalities gap and mitigating against any potential adverse impacts
- Work with programmes to review access arrangements, ensuring people on the margins are able to access services and that any digital arrangements are inclusive and do not exacerbate Health Inequalities

– Work with programmes to support 5 national HI clinical priority areas within Core20plus5: Continuity of Carer (Maternity); SMI Health Checks; Chronic Respiratory Disease – COPD ; uptake of vaccines (Covid, Flu, Pneumonia); Hypertension case finding

– Use of HI data to support inclusive approach e.g. Elective Care waiting lists

Supporting delivery of the Strategic Delivery Plan

• Support Change Initiatives with undertaking HEAT reviews, identifying and optimising opportunities to reduce the Health Inequalities gap and mitigating against any potential adverse impacts – CVD is already one of our HEAT pilots

• Prioritise HI data analytics capacity to support

Key delivery milestones

NHS Tobacco Dependency Services:

Workstrand	Service Start	Service Fully Established
Smoke-free Pregnancy Pathway	Jul 2022	Mar-24
Adult Mental Health	Sep 2022	Mar-24
Physical Acute	Q3 – 2022/23	Mar-24
Community	Q4 – 2022/23	Mar-24

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Better Care Fund 2022-23 Capacity & Demand Template

1.0 Guidance

Overview

The Better Care Fund (BCF) requirements for capacity and demand plans are set out in the BCF Planning Requirements document for 2022-23, which supports the aims of the BCF Policy Framework and the BCF programme. The programme is jointly led and developed by the national partners Department of Health (DHSC), Department for Levelling Up, Housing and Communities, NHS England (NHSE), Local Government Association (LGA), working with the Association of Directors of Adult Social Services (ADASS).

Appendix 4 of the Planning Requirements sets out guidance on how to develop Capacity and Demand Plans, useful definitions and where to go for further support. This sheet provides further guidance on using the Capacity and Demand Template.

This template has been designed to collect information on expected capacity and demand for intermediate care. These plans should be agreed between Local Authority and Integrated Care Board partners and signed off by the HWB as part of the wider BCF plan for 2022-23.

The template is split into three main sections.

Demand - used to enter the expected demand for short term, intermediate care services in the local authority (HWB) area from all referral sources from October 2022-March 2023. There are two worksheets to record demand

- Sheet 3.1 Hospital discharge - expected numbers of discharge requiring support, by Trust.
- Sheet 3.2 Community referrals (e.g. from Single points of Access, social work teams etc)

Intermediate care capacity - this is also split into two sheets (4.1 Capacity - Discharge and 4.2 Capacity - community). You should enter expected monthly capacity available for intermediate care services to support discharge and referrals from community sources. This is recorded based on service type.
Data for capacity and demand should be provided on a month by month basis for the third and fourth quarters of 2022-23 (October to March)

Spend data - this worksheet collects estimated spend across the local authority area on intermediate care for the whole year ie 2022-23. This should include all expenditure (NHS and LA funded) on intermediate care services as defined in appendix 4 of the BCF Planning Requirements.

Note on entering information into this template

Throughout the template, cells which are open for input have a yellow background and those that are pre-populated have a grey background, as below:

Data needs inputting in the cell
Pre-populated cells

Note on viewing the sheets optimally

To view each of the sheets and in particular the drop down lists clearly on screen, please change the zoom level to between 90% - 100%. Most drop downs are also available to view as lists in the relevant sheet or in the guidance tab for readability if required.

The details of each sheet in the template are outlined below.

2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign-off.
2. Question completion tracks the number of questions that have been completed; when all the questions in each section of the template have been completed the cell will turn green. Only when all cells are green should the template be sent to:
england.bettercarefundteam@nhs.net
(please also each copy in your respective Better Care Manager)
If you have any queries on the template then please direct these to the above email inbox or reach out via your BCM.

3. Please note that in line with fair processing of personal data we request email addresses for individuals completing the reporting template in order to communicate with and resolve any issues arising during the reporting cycle. We remove these addresses from the supplied templates when they are collated and delete them when they are no longer needed.

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway (as set out in the Hospital Discharge Guidance avalable on Gov.uk)

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharges from each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

We suggest that you enter data for individual trusts where they represent 10% or more of expected discharges in the area. Where a Trust represents only a small number of discharges (less than 10%), we recommend that you amalgamate the demand from these sources under the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

4.2 Capacity - community

This sheet collects expected capacity for intermediate care services where a person has been referred from a community source. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- VCS services to support someone to remain at home
- Urgent Community Response (2 hr response)

- Reablement or reabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:
- Overall spend on intermediate care services - using the definitions in the planning requirements (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

HM Government

NHS

Better Care Fund 2022-23 Capacity & Demand Template

2.0 Cover

Version 1.0

Health and Wellbeing Board:	Lincolnshire
Completed by:	Nikita Lord, BCF Programme Manager
E-mail:	Nikita.Lord@lincolnshire.gov.uk
Contact number:	07557 309100

Has this report been signed off by (or on behalf of) the HWB at the time of submission?	No, subject to sign-off	
If no, please indicate when the report is expected to be signed off:	Tue 27/09/2022	<< Please enter using the format, DD/MM/YYYY

Please indicate who is signing off the report for submission on behalf of the HWB (delegated authority is also accepted):

Job Title:	Chair of Health and Wellbeing Board
Name:	Cllr Mrs Sue Woolley

How could this template be improved?	

Question Completion - Once all information has been entered please send the template to england.bettercarefundteam@nhs.net saving the file as 'Name HWB' for example 'County Durham HWB'

[<< Link to the Guidance sheet]

[^^ Link back to top]

Better Care Fund 2022-23 Capacity & Demand Template

3.1 Demand - Hospital Discharge

Selected Health and Wellbeing Board: Lincolnshire

3. Demand

This section requires the Health & Wellbeing Board to record expected monthly demand for supported discharge by discharge pathway.

Data can be entered for individual hospital trusts that care for inpatients from the area. Multiple Trusts can be selected from the drop down list in column F. You will then be able to enter the number of expected discharg each trust by Pathway for each month. The template uses the pathways set out in the Hospital Discharge and community support guidance - https://www.gov.uk/government/publications/hospital-discharge-and-community-support-guidance/hospital-discharge-and-community-support-guidance

If there are any 'fringe' trusts taking less than say 10% of patient flow then please consider using the '**Other**' Trust option.

The table at the top of the screen will display total expected demand for the area by discharge pathway and by month.

Estimated levels of discharge should draw on:

- Estimated numbers of discharges by pathway at ICB level from NHS plans for 2022-23
- Data from the NHSE Discharge Pathways Model.

Totals Summary (autopopulated)	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector support - (D2A Pathway 0)	0	0	0	0	0
1: Reablement in a persons own home to support discharge (D2A Pathway 1)	0	0	0	0	0
2: Step down beds (D2A pathway 2)	0	0	0	0	0
3: Discharge from hospital (with reablement) to long term residential care (Discharge to assess pathway 3)	0	0	0	0	0

Any assumptions made:	

!!Click on the filter box below to select Trust first!!

Demand - Discharge						
Trust Referral Source (Select as many as you need)	Pathway	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
(Please select Trust/s.....)	0: Low level support for simple hospital discharges - e.g. Voluntary or Community Sector					
(Please select Trust/s.....)	1: Reablement in a persons own home to support discharge (D2A Pathway 1)					
(Please select Trust/s.....)	2: Step down beds (D2A pathway 2)					
(Please select Trust/s.....)	3: Discharge from hospital (with reablement) to long term residential care (Discharge to					

ges from

Mar-23
0
0
0
0

Mar-23

Better Care Fund 2022-23 Capacity & Demand Template

3.0 Demand - Community

Selected Health and Wellbeing Board: Lincolnshire

3.2 Demand - Community

This worksheet collects expected demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. The template does not collect referrals by source, and you should input an overall estimate each month for the number of people requiring intermediate care (non-discharge) each month, split by different type of intermediate care.

Further detail on definitions is provided in Appendix 4 of the Planning Requirements. This includes the NICE Guidance definition of 'intermediate care' as used for the purposes of this exercise.

Any assumptions made:	

Demand - Intermediate Care						
Service Type	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services						
Urgent community response						
Reablement/support someone to remain at home						
Bed based intermediate care (Step up)						

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Discharge

Selected Health and Wellbeing Board: Lincolnshire

4.1 Capacity - discharge

This sheet collects expected capacity for services to support people being discharged from acute hospital. You should input the expected available capacity to support discharge across these different service types:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Bed-based intermediate care (step up or step down)
- Residential care that is expected to be long-term (collected for discharge only)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	

Capacity - Hospital Discharge							
Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
VCS services to support discharge	Monthly capacity. Number of new clients.						
Urgent Community Response (pathway 0)	Monthly capacity. Number of new clients.						
Reablement or reabilitation in a person's own home (pathway 1)	Monthly capacity. Number of new clients.						
Bed-based intermediate care (step down) (pathway 2)	Monthly capacity. Number of new clients.						
Residential care that is expected to be long-term (discharge only)	Monthly capacity. Number of new clients.						

Better Care Fund 2022-23 Capacity & Demand Template

4.0 Capacity - Community

Selected Health and Wellbeing Board: Lincolnshire

4.2 Capacity - community

This sheet collects expected capacity for community services. You should input the expected available capacity across the different service types.

You should include expected available capacity across these service types for eligible referrals from community sources. This should cover all service intermediate care services to support recovery, including Urgent Community Response and VCS support. The template is split into 5 types of service:

- Voluntary or Community Sector (VCS) services
- Urgent Community Response
- Reablement or reabilitation in a person's own home
- Intermediate care in a person's own home
- Bed-based intermediate care (step up)

Please consider the below factors in determining the capacity calculation. Typically this will be (Caseload*days in month*max occupancy percentage)/average duration of service or length of stay

Caseload (No. of people who can be looked after at any given time)

Average stay (days) - The average length of time that a service is provided to people, or average length of stay in a bedded facility

Please consider using median or mode for LoS where there are significant outliers

Peak Occupancy (percentage) - What was the highest levels of occupany expressed as a percentage? This will usually apply to residential units, rather than care in a person's own home. For services in a person's own home then this would need to take into account how many people, on average, that can be provided with services.

Any assumptions made:	

Capacity - Community							
Service Area	Metric	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Voluntary or Community Sector Services	Monthly capacity. Number of new clients.	0	0	0	0	0	0
Urgent Community Response	Monthly capacity. Number of new clients.						
Reablement or reabilitation in a person's own home	Monthly capacity. Number of new clients.						
Intermediate care in a person's own home	Monthly capacity. Number of new clients.	0	0	0	0	0	0

Better Care Fund 2022-23 Capacity & Demand Template

5.0 Spend

Selected Health and Wellbeing Board: Lincolnshire

5.0 Spend

This sheet collects top line spend figures on intermediate care which includes:

- Overall spend on intermediate care services (BCF and non-BCF) for the whole of 2022-23
- Spend on intermediate care services in the BCF (including additional contributions).

These figures can be estimates, and should cover spend across the Health and Wellbeing Board (HWB). The figures do not need to be broken down in this template beyond these two categories.

Spend on Intermediate Care

	2022-23
Overall Spend (BCF & Non BCF)	
BCF related spend	
Comments if applicable	

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Health and Wellbeing Board – Decisions from 22 June 2021

22 June 2021	**1**	**Election of Chairman** That Councillor Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2021/22.
	2	**Election of Vice-Chairman** That John Turner (Chief Executive of NHS Lincolnshire Clinical Commissioning Group) be elected as Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2021/22.
	5	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 9 March 2021** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 9 March 2021 be agreed and signed by the Chairman as a correct record, subject to the addition of Sarah Connery, Acting Chief Executive, Lincolnshire Partnership NHS Foundation Trust being added to the list of those in attendance at the meeting.
	6	**Action Updates** That the Action Updates presented be noted.
	7	**Chairman's Announcements** That the Chairman's Announcements presented be noted.
	8a	**Terms of Reference & Procedure Rules, Roles and Responsibilities** That the Terms of Reference, Procedural Rules and Board Member's Roles and responsibilities as set out in Appendix A to the report be agreed.
	8b	**Lincolnshire's Joint Strategic Needs Assessment** 1. That the report presented be noted. 2. That the redevelopment of Lincolnshire's JSNA using a life course approach as set out in Appendix A be agreed. 3. That the importance of the JSNA be promoted by members within their respective organisations to ensure active engagement in the review process. 4. That the outline timescales as detailed at paragraph 4.1 be noted.
	8c	**Lincolnshire Pharmaceutical Needs Assessment 2022** 1. That the process and requirement to produce a revised Pharmaceutical Needs Assessment (PNA) by 31 March 2022 be noted. 2. That the Terms of Reference for the Lincolnshire PNA Steering Group as detailed in Appendix A be received. 3. That the Project Plan setting out the timeline for producing the Lincolnshire PNA as detailed in Appendix B be received.
	8d	**Better Care Fund Final Report 2020/21** That the Better Care Fund Final Report 2020/21 be approved.
	9a	**Update on Covid-19** That the verbal update be received and noted.
	9b	**Integrated Care Systems (ICS) legislation Update** That the current position in relation to ICS legislation be noted.
	9c	**Housing, Health and care Delivery Group Delivery Plan**

		1. That the Housing, Health and Care Delivery Plan as presented be noted. 2. That the actions where Board member organisations will be lead partner, or part of a delivery team; and, along with HHCDG representatives, ensure appropriate representation to achieve those actions be noted. 3. That the comments raised by the Board be noted.
	10a	**An Action Log of Previous Decisions** That the Action Log of Previous Decisions as presented be noted
	10b	**Lincolnshire Health and Wellbeing Board Forward Plan** That the Lincolnshire Health and Wellbeing Board Forward Plan presented be noted.
28 September 2021	**13**	**Minutes of the Lincolnshire Health and Wellbeing Board Meeting held on 22 June 2021** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 22 June 2021 be agreed and signed by the Chairman as a correct record
	14	**Action Updates** That the Action Updates presented be noted.
	15	**Chairman's Announcements** That the Chairman's announcements presented be noted.
	16a	**Covid- 19 Update** That the verbal update on Covid-19 be received and noted.
	16b	**Integrated Care System Update** That the Integrated Care System update be noted.
	16c	**Lincolnshire Mental Health Services** That the presentation on mental health services be received and that further detailed information concerning mental health service provision be presented to a future meeting of the Board.
	16d	**Joint Strategic Asset Assessment Update** That the progress made to develop the Joint Strategic Asset Assessment be received and that the comment by the Board be noted.
	17a	**The importance of community beds in transitional care both for Covid positive and Covid negative patients and the positive impact these have on Acute Hospital Trusts** That the report presented concerning the importance of community beds in transitional care both for Covid positive and Covid negative patients and the positive impact these have on acute hospitals trusts be noted.
	17b	**An Action Log of Previous Decisions** That the Action Log of Previous Decisions as presented be noted.
	17c	**Lincolnshire Health and Wellbeing Board Forward Plan** That subject to the addition of the suggestions referenced, the Forward Plan presented be received.
29 March 2022	**20**	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 September 2022** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 28 September 2021 be agreed and signed by the Chairman as a correct record.

	21	**Action Updates** That the Action Updates presented be noted.
	22	**Chairman's Announcements** That the Chairman's announcements presented be noted.
	23a	**Lincolnshire Pharmaceutical Needs Assessment 2022** 1. That the conclusions of the draft Pharmaceutical Needs Assessment (PNA) be noted. 2. That the draft PNA be approved in preparation for consultation. 3. That the planned consultation period on the draft PNA for Lincolnshire (Tuesday 19 April 2022 to Monday 19 June 2022) be noted. **4.** That a progress update and the project timelines from the 'Lincolnshire PNA Steering Group' on the production of the 2022 Lincolnshire PNA be received at a future meeting.
	24a	**Integrated Care System Update** 1. That the current position in relation to the development of the ICP be noted. **2.** That the information provided regarding the proposed ICP planning and development workshop on 26 April 2022 be noted.
	24c	**Lincolnshire's Community Mental Health Transformation Programme** That the presentation on Lincolnshire Community Mental Health Transformation Programme be received and noted.
	24d	**The Mental Health Challenge** That the presentation on Lincolnshire Community Mental Health Transformation Programme be received and noted.
	25a	**Better Care Fund 2022/23** That the Better Care Fund 2022/23 report as presented be noted.
	25b	**An Action Log of Previous Decisions** That the Action Log of Previous Decisions as presented be noted.
	25c	**Lincolnshire Health and Wellbeing Board Forward Plan** That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.
14 June 2022	**1**	**Election of Chairman** That Councillor Mrs S Woolley (Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners) be elected Chairman of the Lincolnshire Health and Wellbeing Board for 2022/23.
	2	**Election of Vice-Chairman** That John Turner (Chief Executive of NHS Lincolnshire Clinical Commissioning Group) be elected as Vice-Chairman of the Lincolnshire Health and Wellbeing Board for 2022/23.

	5	**Minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 March 2022** That the minutes of the Lincolnshire Health and Wellbeing Board meeting held on 29 March 2022 be agreed and signed by the Chairman as a correct record.
	6	**Action Updates** That the Action Updates presented be noted.
	7	**Chairman's Announcements** That the Chairman's Announcements presented be noted.
	8a	**Proposed changes to the Health and Wellbeing Terms of Reference** 1. That the changes to the Terms of reference, Procedural Rules and Board Member's Roles and Responsibilities as detailed in Appendix A to the report be endorsed. 2. That the changes be recommended to full Councill on 16 September 2022, to enable the relevant changes to be made to the Council's Constitution. 3. That the update on the development of Lincolnshire's Integrated Care Partnership be noted. 4. That the recommendation to extend Associate Membership to a representative from Higher Education and the Greater Lincolnshire Enterprise Partnership be endorsed.
	8b	**Better Care Fund Final Report 2021/22** That the 2021/22 end of year Better Care Fund return be approved.
	9a	**Integrated Care System Update** That the current position in relation to the ICS legislation be noted.
	9b	**Let's Move Lincolnshire – Physical Activity Strategy** That the direction of the Let's Move Lincolnshire – Physical Activity Strategy refresh and specifically the health and wellbeing outcome be received.
	9c	**Childhood Obesity** That the Childhood Obesity report presented be noted.
	10a	**An Action Log of Previous Decisions** That the Action Log of Previous Decisions as presented be noted.
	10b	**Lincolnshire Health and Wellbeing Board Forward Plan** That the Lincolnshire Health and Wellbeing Board Forward Plan as presented be received.

Lincolnshire Health and Wellbeing Board Forward Plan September 2022 to March 2023

Items for the Lincolnshire Health and Wellbeing Board are shown below:

27 September 2022, 2pm, Committee Room One		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Lincolnshire Pharmaceutical Needs Assessment To receive the final Pharmaceutical Needs Assessment for the Board to approve prior to the publication by 1 October 2022.	Alison Christie, Programme Manager on behalf of the PNA Steering Group	Decision
Better Care Fund Plan 2022 – 2023 To receive the final Better Care Fund Plan 2022/23 and for the Board to approve in retrospect of the submission deadline 26 September 2022	Glen Garrod, Executive Director Adult Care and Community Wellbeing	Decision

Planned items for future Lincolnshire Health and Wellbeing Board are shown below:

6 December 2022, 2pm, Council Chamber		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Joint Strategic Needs Assessment – initial outcome of review and next steps To receive an update on the review of the Joint Strategic Needs Assessment.	Lucy Gavens, Consultant Public Health	Discussion
Update on Combating Drugs Partnership and Substance Misuse Funding To receive a report on behalf of the Director of Public Health on the establishment of a Combating Drugs Partnership in response to local guidance in support of the Government's 2021 Drug Strategy.	Lucy Gavens, Consultant Public Health	Discussion
Update from the Housing, Health, and Care Delivery Group To receive an update from the Housing, Health, and Care Delivery Group (HHCDG) on the Housing priority in the Joint Health and Wellbeing Strategy.	Cllr Gray, Chair HHCDG and Sem Neal, Assistant Director	Discussion
Carers MOU and Delivery Plan To receive a report from the Carers Delivery Group asking the HWB to endorse the Memorandum of Understanding and to provide an update on the Carers Priority Plan	Sem Neal, Assistant Director	Discussion

28 March 2023, 2pm, TBC		
Item & Rationale	**Presenter/Contributor**	**Purpose**
Joint Strategic Needs Assessment To receive a presentation on the new Joint Strategic Needs Assessment asking the Board to approve the JSNA prior to publication	Lucy Gavens, Consultant Public Health	Decision
Director of Public Health Annual Report 2022 To receive a report and presentation on the Director of Public Health Annual Report 2022	Derek Ward, Director of Public Health	Discussion